



Milwaukee County Behavioral Health Division  
2018 Key Performance Indicators (KPI) Dashboard

Program	Item	Measure	2017 Actual	2018 Quarter 1	2018 Quarter 2	2018 Quarter 3	2018 Quarter 4	2018 Actual	2018 Target	2018 Status (1)	Benchmark Source
Community Access To Recovery Services	1	Service Volume - All CARS Programs <sup>5</sup> Sample Size for Rows 2-6 (Unique Clients)	8,346	5,771	5,861			7,054	8,555		BHD (2)
	2	Percent with any acute service utilization <sup>6</sup>	17.40%	15.78%	15.91%				16.52%		BHD (2)
	3	Percent with any emergency room utilization <sup>7</sup>	13.87%	12.26%	13.82%				13.04%		BHD (2)
	4	Percent abstinence from drug and alcohol use	63.65%	65.22%	62.91%				64.54%		BHD (2)
	5	Percent homeless	7.61%	8.17%	9.67%				7.24%		BHD (2)
	6	Percent employed	18.09%	20.04%	20.32%				18.58%		BHD (2)
	7	Sample Size for Row 7 (Admissions) Percent of clients returning to Detox within 30 days		1,622	1,673						
Wraparound	8	Families served in Wraparound HMO (unduplicated count)	3,404	1,749	2,185				3,670		BHD (2)
	9	Annual Family Satisfaction Average Score (Rating scale of 1-5)	4.8	4.5	4.5				> = 4.0		BHD (2)
	10	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	65.7%	64.5%	63.6%				> = 75%		BHD (2)
	11	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)	2.59	2.25	2.68				> = 3.0		BHD (2)
	12	Percentage of youth who have achieved permanency at disenrollment	57.8%	43.1%	53.0%				> = 70%		BHD (2)
	13	Percentage of Informal Supports on a Child and Family Team	44.1%	40.8%	39.4%				> = 50%		BHD (2)
Crisis Service	14	PCS Visits	8,001	1,866	1,844				8,000		BHD (2)
	15	Emergency Detentions in PCS	3,979	811	847				4,000		BHD (2)
	16	Percent of patients returning to PCS within 3 days	7.3%	6.2%	8.0%				8%		BHD (2)
	17	Percent of patients returning to PCS within 30 days	23.1%	20.0%	26.3%				24%		BHD (2)
	18	Percent of time on waitlist status	75.0%	54.3%	100.0%				25%		BHD (2)
Acute Adult Inpatient Service	19	Admissions	656	189	183				800		BHD (2)
	20	Average Daily Census	42.9	40.6	44.5				54		BHD (2)
	21	Percent of patients returning to Acute Adult within 7 days	1.4%	0.5%	3.4%				3%		BHD (2)
	22	Percent of patients returning to Acute Adult within 30 days	7.7%	5.2%	9.0%				10%		NRI (3)
	23	Percent of patients responding positively to satisfaction survey	74.0%	74.5%	72.9%				75%		NRI (3)
	24	If I had a choice of hospitals, I would still choose this one. (MH/SIP Survey)	65.4%	68.8%	62.1%				65%		BHD (2)
	25	HBIPS 2 - Hours of Physical Restraint Rate	0.56	0.26	0.94				0.44		CMS (4)
	26	HBIPS 3 - Hours of Locked Seclusion Rate	0.30	0.36	0.38				0.29		CMS (4)
	27	HBIPS 4 - Patients discharged on multiple antipsychotic medications	17.5%	13.5%	21.5%				9.5%		CMS (4)
	28	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	89.6%	92.3%	94.7%				90.0%		BHD (2)
Child / Adolescent Inpatient Service (CAIS)	29	Admissions	709	164	152				800		BHD (2)
	30	Average Daily Census	8.6	8.1	7.0				12.0		BHD (2)
	31	Percent of patients returning to CAIS within 7 days	5.2%	2.4%	5.3%				5%		BHD (2)
	32	Percent of patients returning to CAIS within 30 days	12.3%	10.0%	15.2%				12%		BHD (2)
	33	Percent of patients responding positively to satisfaction survey	71.3%	76.4%	67.9%				75%		BHD (2)
	34	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	76.8%	75.0%	86.4%				75%		BHD (2)
	35	HBIPS 2 - Hours of Physical Restraint Rate	1.17	1.38	1.81				0.44		CMS (4)
	36	HBIPS 3 - Hours of Locked Seclusion Rate	0.37	0.93	0.50				0.29		CMS (4)
	37	HBIPS 4 - Patients discharged on multiple antipsychotic medications	5.0%	1.2%	0.7%				3.0%		CMS (4)
	38	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	97.1%	100.0%	0.0%				90.0%		BHD (2)
Financial	39	Total BHD Revenue (millions)	\$149.9	\$154.9	\$154.9						
	40	Total BHD Expenditure (millions)	\$207.3	\$213.5	\$213.5						

Notes:

- (1) 2018 Status color definitions: Red (outside 20% of benchmark), Yellow (within 20% of benchmark), Green (meets or exceeds benchmark)
- (2) Performance measure target was set using historical BHD trends
- (3) Performance measure target was set using National Association of State Mental Health Directors Research Institute national averages
- (4) Performance measure target was set using Centers for Medicare & Medicaid (CMS) Hospital Compare national averages
- (5) Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.
- (6) Includes medical inpatient, psychiatric inpatient, and detoxification utilization in the last 30 days
- (7) Includes any medical or psychiatric ER utilization in last 30 days

# CARS QUALITY DASHBOARD SUMMARY

## CHANGES

### Further Development of the Quadruple Aim

As noted last quarter, the CARS Quality Dashboard was substantially revised to align to the domains of the Quadruple Aim (population health, client experience of care, staff wellbeing, and cost of care). This past quarter we have attempted to further develop some of the data points that will represent these domains.

### Population Health

1. Demographics: CARS will now begin reporting basic metrics on the demographics of the people we serve. Although these measures will be global initially, we plan to utilize these variables in the future to help us better identify and understand any significant health disparities that may exist in our population in terms of quality, outcomes.
2. Mortality: A common and vital metric for most population health initiatives, we will now begin reporting the deaths which have occurred among clients who were enrolled in CARS services at the time of their death during the previous quarter. The number of deaths by cause per quarter will be presented, as will the average age by cause for the previous four quarters cumulative.

### Patient Experience of Care

No new changes in this domain.

### Staff Wellbeing

The fourth aim of the Quadruple Aim, a burgeoning literature has found links between poor professional quality of life among health care staff and lower quality of care and higher rates of burnout and turnover. CARS staff were administered the Professional Quality of Life Survey in the spring of 2018 and results were presented this summer. These results will provide the basis for an internal quality improvement project in CARS to increase staff satisfaction with work. Future iterations of the Dashboard will highlight these efforts, as well as provide data on other metrics related to staff wellbeing.

### Cost of Care

Although not currently represented on the CARS Quality Dashboard, development is well underway in partnership with our Fiscal Department to create a report to produce a cost of care metric based on a per person per month calculation.

## RESULTS

Overall results for CARS during the second quarter of 2018 were mixed. Volume served continued to increase relative to previous quarters, as did the number of individuals who reported some type of employment as of their last assessment. Other measures, such as acute service utilization and substance abuse metrics remains generally flat, while emergency department utilization, rates of self-reported homelessness, and rates of 30 day readmissions to detoxification increased slightly.

## NEXT STEPS

CARS will continue to develop the Dashboard over time, adding new metrics to the domains as they are built and refining existing ones. For example, we would like to add rates of tobacco use to the next iteration of the Dashboard.

However, perhaps even more important than the changes we will make to the Dashboard are the changes that CARS has made and will continue to make in response to the data in the Dashboard. For example, the CARS Leadership is attempting to add Oxford Housing to our service array to respond to the increased need for housing in our population. Contract performance measures and dashboards are continuing to be developed so that we can better target the subsets of our population who may need additional assistance on their recovery journey. For example, the contract performance measures for our detoxification provider have undergone substantial revisions to better focus on a key element of care quality and address the high rates of readmission. These are just a few of the myriad of quality improvement efforts being implemented by CARS staff to improve the care experience of the people we serve. We will continue to highlight not just the data in the Dashboard, but our response to it in future summaries.



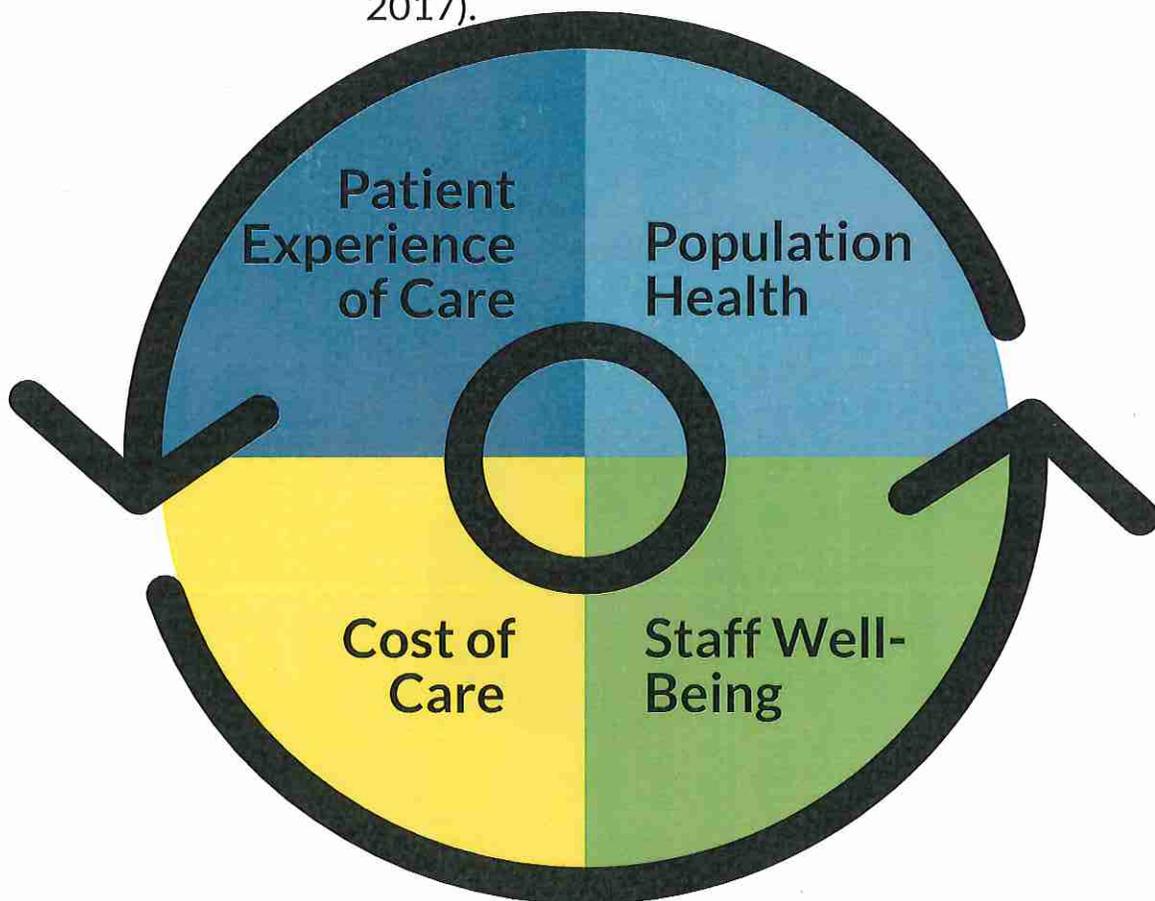
# CARS Quality Dashboard

CARS Research + Evaluation Team

## The Framework: The Quadruple Aim

The patient experience of care encompasses the range of interactions that patients have with the healthcare system and includes several aspects of healthcare delivery, including satisfaction, timely appointments, and easy access to information, among others (AHRQ, 2017).

"Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group." (Kindig and Stoddart, 2003).



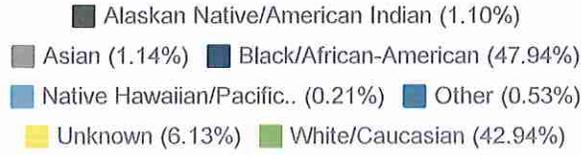
The total cost of care a patient receives across all settings and services, often presented as cost per member of the population per month. (Stiefel & Nolan, 2012)

The quality of work life and the well being of healthcare professionals (Bodenheimer and Sinsky, 2014).

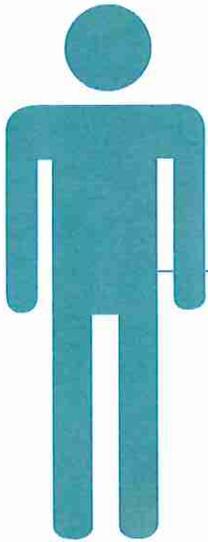
# Demographic Information of the Population We Serve

This section outlines the demographics of the consumers CARS served or continues to serve in the past quarter.

## Race

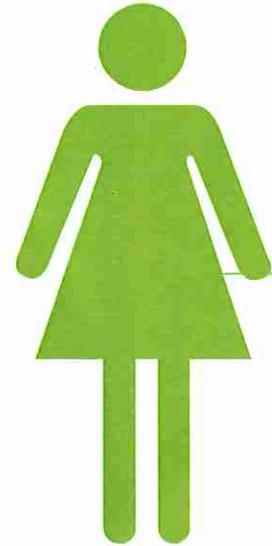


## Males



60.80%

## Females

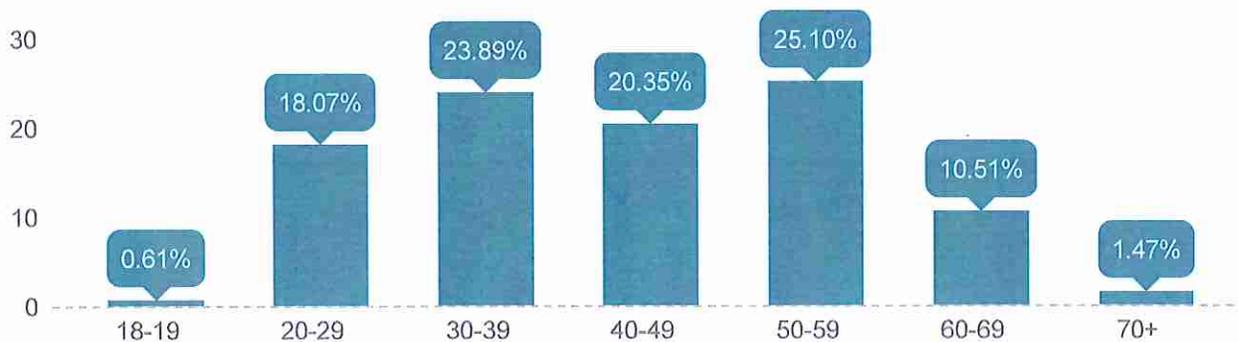


39.20%

## Ethnicity



## Age





## Domain: Patient Experience of Care

Items within this domain encompass volume, averages, and percentages. These data points compare the past four quarters in order to indicate change over time.



### Referrals/Intakes

Total number of referrals/intakes at community-based and internal Access Points per quarter.



### Time to Service

Average number of days between the time of referral to the first service date.



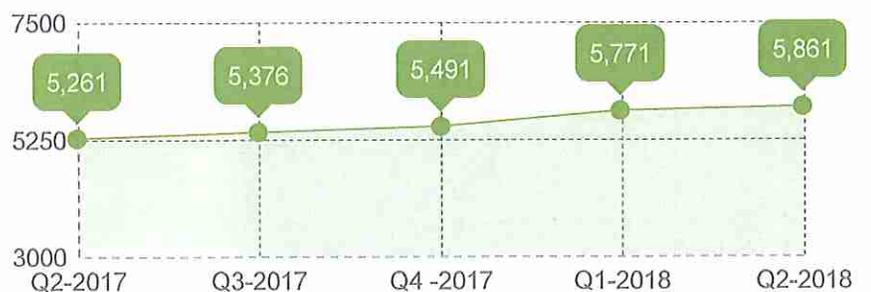
### Admissions

All admissions during the quarter in question (not unique clients as some clients had multiple admissions during the quarter). This includes detoxification admissions.



### Volume Served

Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.





## Domain: Population Health

Data informing each item is formatted as percentages based on the description. These data points compare the past four quarters in order to indicate change over time.



### Acute Services

Percent of all unique clients who reported that they had received a psychiatric hospitalization, medical hospitalization, or detoxification service in the last 30 days.



### ER Utilization

Percent with any emergency room utilization. Includes any medical or psychiatric ER utilization in last 30 days.



### Detox 30 Day Readmissions

Percent of consumers returning to detox within 30 days.



### Abstinence

Percent of consumers abstinent from drug and alcohol use.



### Housing

Percent of all unique clients who reported their current living situation was "street, shelter, no fixed address, homeless".



### Employment

Percent of current employment status of unique clients reported as "full or part time employment, supported competitive employment, sheltered employment, or student status".





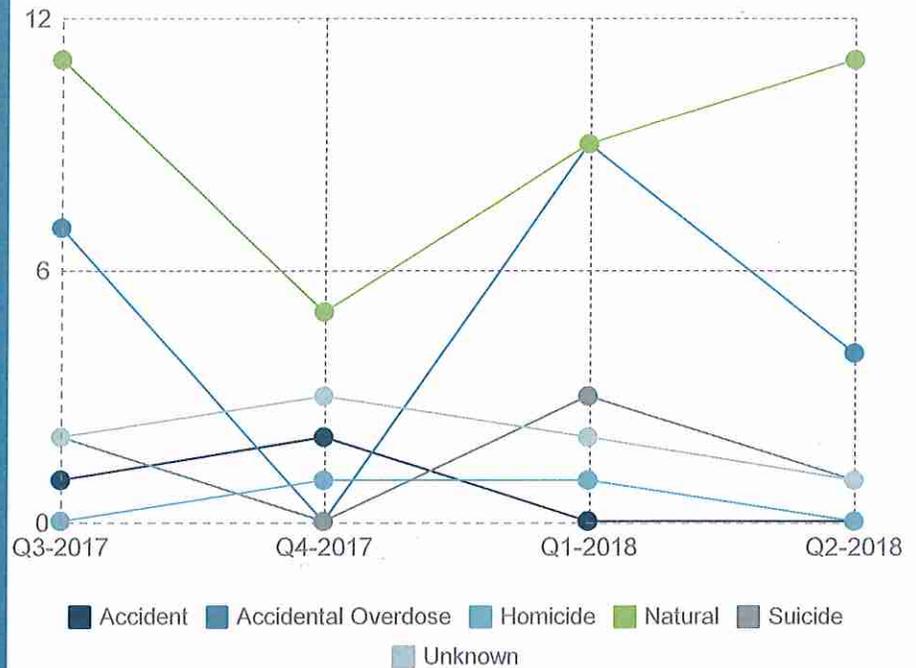
## Domain: Population Health (Continued)

Items within this domain encompass volume, averages, and percentages. These data points compare the past four quarters in order to indicate change over time.

### Mortality Over Time

Total number of deaths in the past four quarters by the cause of death. The total count over time is below:

Q3 - 2017 N = 24
Q4 - 2017 N = 17
Q1 - 2018 N = 23
Q2 - 2018 N = 11



### Average Age by Cause of Death

This is the reported average age at time of death by cause of death in the past four quarters.



## Domain: Staff Well-Being

Items within this domain encompass volume, averages, and descriptions of professional quality of life.



### Professional Quality of Life Satisfaction

Average score based on a professional quality of life survey. CARS staff indicated average levels of compassion satisfaction, and relatively low levels of burnout and secondary trauma.



# 2018 Wraparound Milwaukee KPI Dashboard Summary – 2nd Quarter

		1 <sup>st</sup> Q	2 <sup>nd</sup> Q	3 <sup>rd</sup> Q	4 <sup>th</sup> Q	2018 Target	Status					
<b>Wraparound</b>	<b>8</b>	Families served in Wraparound HMO (unduplicated count)				1,749	2,185			3,670		BHD (2)
	<b>9</b>	Annual Family Satisfaction Average Score (Rating scale of 1-5)				4.5	4.5			>= 4.0		BHD (2)
	<b>10</b>	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)				64.5%	63.6%			>= 75%		BHD (2)
	<b>11</b>	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)				2.25	2.68			>= 3.0		BHD (2)
	<b>12</b>	Percentage of youth who have achieved permanency at disenrollment				43.1%	53.0%			>= 70%		BHD (2)
	<b>13</b>	Percentage of Informal Supports on a Child and Family Team				40.8%	39.4%			>= 50%		BHD (2)

**# 8** – There was approx. a 20% increase in families served (unduplicated count) from the 1<sup>st</sup> quarter to the 2nd quarter.

**# 9** – On target. No comments.

**# 10** - Achieved 85% of the target of "75% or greater". Within 20% range of the benchmark. Continued efforts to have youth reside in the least restrictive setting possible.

**# 11** – Overall improvement of .43 from the 1st quarter. Currently at 2.68 on a scale of 1-5. Above the 20% benchmark (2.4) but below the set standard of 3.0. Data is specific to those youth in Wraparound on court orders and those in the REACH program. Those in Wraparound court ordered programs who are disenrolled to a home type setting have a higher "Need Met" score (3.41) than those disenrolled on runaway status or to corrections (2.32). Discharge placement appears correlated with Needs Met. Those in the REACH program average a disenrollment Needs Score of 2.32.

**#12** –There was approx. a 10% increase in the percentage of youth achieving permanency at disenrollment compared to the 1st quarter. Although still 3% short of achieving the "within 20% of the benchmark" status (which would be 56%), the increase is notable.

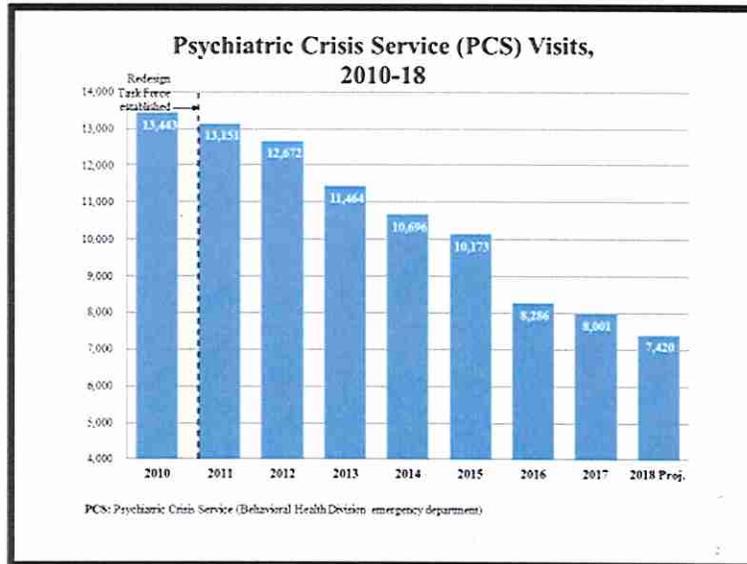
"Permanency" is defined as:

- 1.) Youth who returned home with their parent(s)
- 2.) Youth who were adopted
- 3.) Youth who were placed with a relative/family friend
- 4.) Youth placed in subsidized guardianship
- 5.) Youth placed in sustaining care
- 6.) Youth in independent living

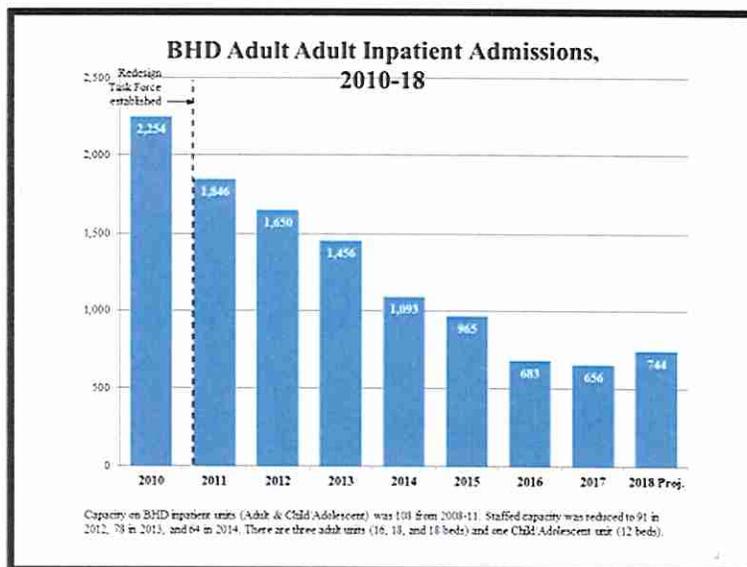
**#13** – This item is monitored within the context of the Care Coordination Agency Performance Report (APR) that is distributed semi-annually. The data is available at all times to all Care Coordination agencies for self-monitoring. The current APR period (2/1/18 – 7/31/18) reflects an overall average of 41.3%.

## 2018 Q2 Milwaukee County Behavioral Health Division (BHD) Crisis Service and Acute Inpatient KPI Dashboard Summary

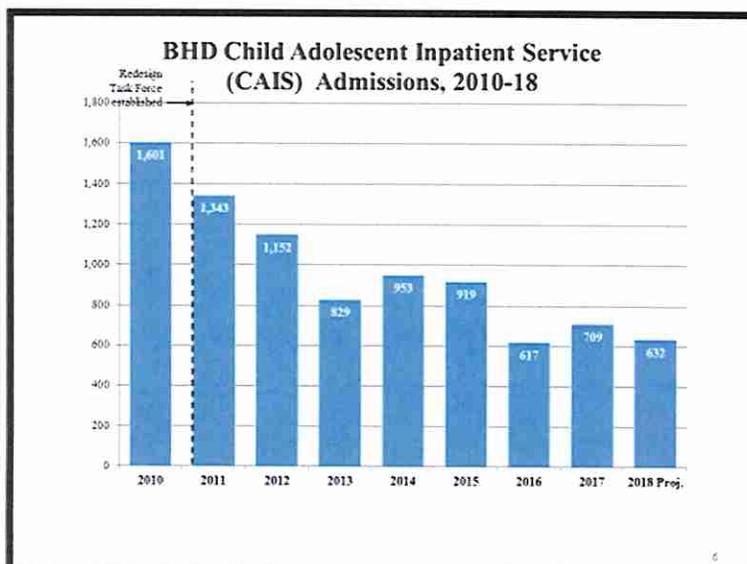
Psychiatric Crisis Service annual patient visits continue to decline from a high of 13,443 in 2010 to 7,420 projected annual visits in 2018 (45% decline from 2010 to 2018). The continued downward trend of PCS utilization can be attributed in part to the inception of Team Connect, Crisis Mobile and CART Team expansions, and additional resources in the community. While PCS utilization is declining, PCS waitlist status is increasing (54% in 2018 Q1, 100% in 2018 Q2).



Acute Adult Inpatient Service's annual patient admissions are projected to increase to 744, the first increase since the Redesign Task Force was established in 2010 (67% decline from 2010 to 2018). While Acute Adult admissions are projected to rise, readmission rates have continued to decline over the past four years (30-day readmission rate: 11% in 2015, 7% in the 1<sup>st</sup> half of 2018). During the first half of 2018, Acute Adult's hours of physical restraint rate exceeded CMS' inpatient psychiatric facility national average by 36%. Acute Adult's 2018 Q2 MHSIP patient satisfaction survey scores are near the national average (2018 Q2 BHD Acute Adult overall score 73%, NRI national average 75%)



Child Adolescent Inpatient Service's annual patient admissions have plateaued over the past few years and are projected at 632 for annual 2018 (61% reduction from 2010 to 2018). Over the past four years, CAIS' 30-day readmission rates have declined from 16% in 2015 to 12% in the first half of 2018. While CAIS' 2018 Q2 hours of physical restraint rate is 4 times the national average, their hours of physical restraint rate declined from 5.2 in 2015 to 1.8 in 2018 Q2. CAIS' Youth Satisfaction Survey overall scores declined in 2018 Q2 and are now 9% below BHD's historical average.



**MENTAL HEALTH STATISTICAL  
IMPROVEMENT PROGRAM (MHSIP)  
OVERALL RESULTS 2017**

MILWAUKEE COUNTY  
BEHAVIORAL HEALTH DIVISION  
COMMUNITY ACCESS TO RECOVERY SERVICES  
RESEARCH AND EVALUATION TEAM

# MENTAL HEALTH STATISTICAL IMPROVEMENT PROGRAM (MHSIP) OVERALL RESULTS 2017

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## INTRODUCTION

Milwaukee County Behavioral Health Division's Community Access to Recovery Services (CARS) has annually conducted a survey of persons receiving mental health services in its community-based programs. CARS uses the revised Mental Health Statistics Improvement Program (MHSIP) Consumer Survey to survey persons who were actively receiving services in two community mental health program areas: Community Support Programs (CSP) and Community-Based Residential Facility Programs (CBRF). The surveys ask information to help answer key questions:

1. What are the perceptions of persons receiving services of the appropriateness and quality of the mental health services they received?
2. What are the perceptions of persons receiving services of access to the mental health services they received?
3. What are the perceptions of persons receiving services of the outcomes of the mental health services they received?
4. What are perceptions of persons receiving services of their relationships with other persons, not including their mental health service providers?
5. To what extent are persons receiving services satisfied with the mental health services they received in the last year?

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## METHODS

### SAMPLE

Separate sampling procedures were used for different CARS program areas. Procedures took into account logistical issues pertinent to data collection, with sampling procedures for each program area representing the most feasible approach to obtaining desirable sample sizes. The following approaches were used for each CARS program area:

- **Community Based Residential Facilities (CBRF):** attempt to survey the total population of persons residing in community-based facilities who had been receiving residential services for at least three months as of September 2017.
- **Community Support Programs (CSP):** attempt to survey a convenience sample of 10-20% from each provider of persons who had received CSP services for at least three months as of September 2017.

### PROCEDURES

The consumer survey was conducted as a point-in-time measure of the perceptions of persons receiving mental health services of the particular program from which each received services in 2017.

Trained surveyors from Vital Voices for Mental Health administered the MHSIP Consumer Survey utilizing a peer-to-peer methodology, and assisted individuals as necessary to complete the survey instrument. Responses were coded so as to be anonymous.

## INSTRUMENT

The MHSIP Consumer Survey is a 36-item instrument designed to measure six major domains of mental health services: Access, Quality, Person-Centeredness, General Satisfaction, Changes, and Abilities. Respondents indicate their level of agreement / disagreement with statements about mental health services they have received. The response range utilizes a 5-point scale: strongly agree – agree – neutral – disagree – strongly disagree. Respondents may record an item as not applicable.

Respondents also complete survey items to provide basic demographic data: age, gender, and ethnicity. Respondents may choose to provide written comments on the survey form about their responses or about areas not covered by the questionnaire, but these are not required.

CARS has established a target range of 70-80% positive responses (i.e., strongly agree or agree) in all MHSIP domains. The following tables represent the individual survey items and the overall proportion of items scored as 1 or 2 (strongly agree or agree):

Consumer Perception of Access

Statement	Percentages (#valid)
A10. The location of services was convenient	81.6% (207)
A11. Staff were willing to see me as often as I felt was necessary	86.1% (208)
A12. Staff returned my calls within 24 hours	75.3% (198)
A13. I was able to see a psychiatrist when I wanted to	77.8% (203)
A14. I was able to get all the services I thought I needed	80.2% (207)

Consumer Perception of Quality

Statement	Percentage
Q16. Staff here believe that I can grow, change and recover	85.0% (207)
Q17. I felt comfortable asking questions about my treatment and medication	86.1% (208)
Q18. Staff told me what side effects to watch for	66.3% (208)
Q19. Staff respected my wishes about who is, and who is not, to be given information about my treatment	83.5% (206)
Q20. Staff was sensitive to my cultural/ethnic background (race, religion, language, etc.)	79.5% (205)
Q21. Staff helped me to obtain information so that I could take charge of managing my illness	80.0% (205)
Q22. I felt free to complain	76.7% (202)
Q23. I was given information about my rights	79.2% (207)

Q24. Staff encouraged me to take responsibility for how I live my life	85.5% (207)
Q25. I was encouraged to use consumer-run programs (support groups, crisis phone line, etc.)	75.5% (204)
Q26. I, not staff, decided my treatment goals	69.9% (206)

Consumer Perception of **Person-Centeredness**

Statement	Percentage
PC28. I felt the rules were fair and consistent	85.5% (207)
PC29. Staff encouraged me to have hope and high expectations for my life	78.7% (207)
PC30. Staff welcomed my thoughts about my medication	80.1% (206)
PC31. I am included in decisions about my money	81.9% (204)
PC32. Staff and I work together as a team to reach my life goals	78.7% (207)
PC33. Staff understand that I have been through a lot	79.3% (208)

Consumer Perception of **General Satisfaction**

Statement	Percentage
GS35. I like the services that I received here	85.1% (208)
GS36. If I had other choices, I would still get services from this agency	77.6% (205)

Consumer Perception of **Change**

Statement	Percentage
C38. I deal more effectively with daily problems	76.6% (205)
C39. I am better able to control my life	76.9% (208)
C40. I am better able to deal with crisis	78.6% (206)
C41. I am getting along better with my family	70.9% (196)
C42. I do better in social situations	71.0% (207)
C43. I do better in school and/or work	73.3% (75)
C44. My symptoms are not bothering me as much	78.6% (206)
C45. My housing situation has improved	74.4% (207)

### Consumer Perception of Abilities

Statement	Percentage
A47. I do things that are more meaningful to me	86.1% (208)
A48. I am better able to take care of my needs	81.3% (208)
A49. I am better able to handle things when they go wrong	79.8% (208)
A50. I am better able to do things that I want to do	78.4% (208)

## RESULTS

Data presented include results broken out for two CARS program areas (CBRF and CSP). Agency-level analysis of the 2017 survey will also be prepared.

Based on many years of conducting the MHSIP Consumer Survey, CARS suggests the following guidelines when interpreting the percentage of agree/strongly agree (positive) responses. When utilizing these guidelines, however, it is critical to take into consideration response and sample sizes when evaluating results for individual providers. When reviewing specific survey items, it also must be understood that particular items may be more germane to some program areas than to others.

- Percentages less than 60% can be considered *'poor'*
- Percentages in the 60 - 70% range can be considered *'relatively low'*
- Percentages in the 70 - 79% range can be considered *'good' or 'expected'*
- Percentages in the 80 - 89% range can be considered *'high'*
- Percentages above 90% can be considered *'exceptional'*

Results of the 2017 Consumer Survey are presented in tabular form on the next several pages. Table 1 (below) presents data on sample size, respondents, and response rate. The survey response rate overall was 53.9%, which is consistent with research standards that indicate a reasonable goal for response rates for this type of survey is 50-60%. It is important to note that interpretation of results from this survey cannot account for perceptions of services for those who chose not to respond nor determine whether those who did respond represent consumers with comparatively more favorable or less favorable perceptions than those who did not respond.

**Table 1**

Response Rate By Program			
Program	Sample Size	Number of Respondents	Response Rate %
CBRF	147	74	50.3%
CSP	239	134	56.1%
<b>Total</b>	<b>386</b>	<b>208</b>	<b>53.9%</b>

Tables 2 and 3 below present 2017 demographic data on the age, gender, and ethnicity of respondents. Demographic data from the 2017 survey are generally consistent with previous years. In general, the more intensive the service, the older the case mix. Males continued to outnumber females in both programs surveyed.

Table 2

Program	Mean Age	Female		Male		Unknown		Grand Total
		N	%	N	%	N	%	
CBRF	51.0	23	31%	49	66%	2	3%	74
CSP	47.3	45	33%	88	66%	1	1%	134

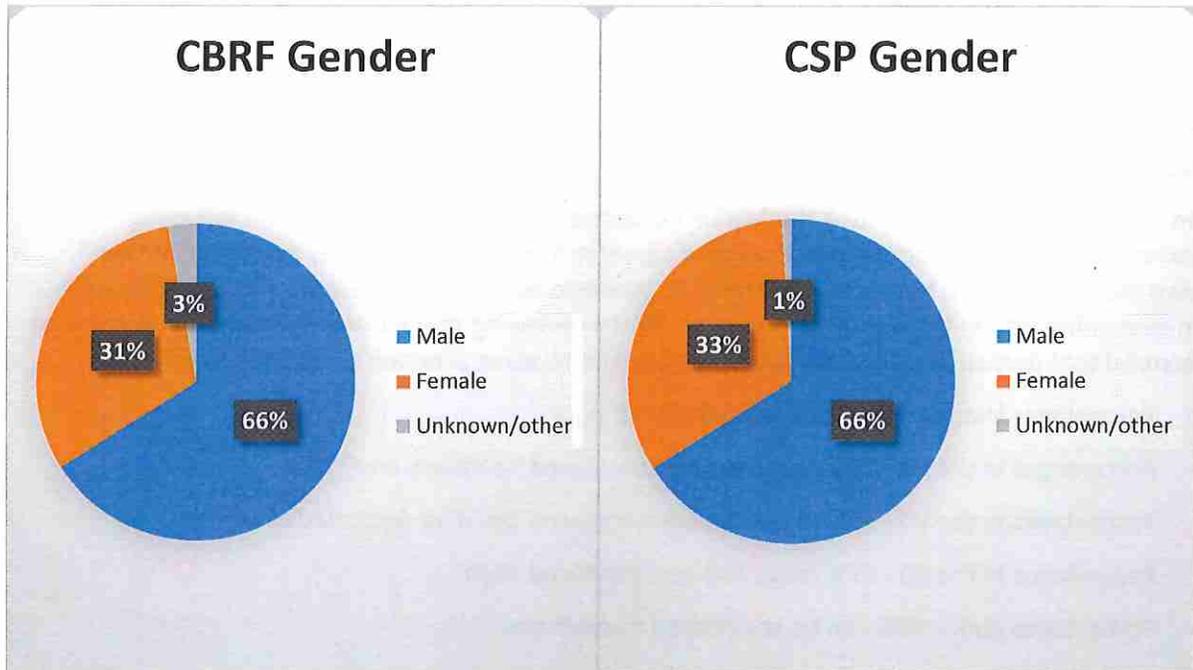
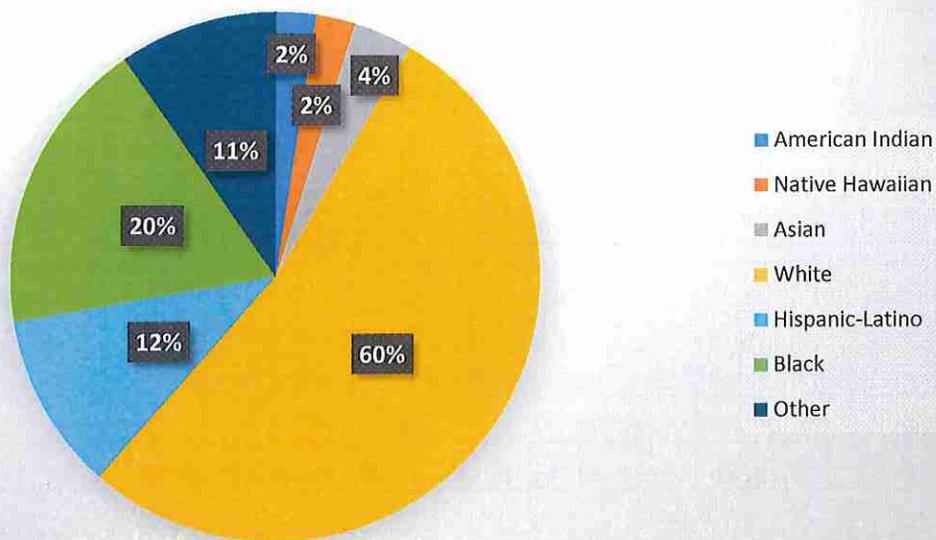


Table 3

	American Indian		Native Hawaiian		Asian		White		Hispanic-Latino		Black		Other	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
CBRF	2	2.7	2	2.7	3	4.1	44	59.5	9	12.2	15	20.3	8	10.8
CSP	3	2.2	0	0	4	3.0	36	26.9	10	7.5	72	53.7	19	14.2

### CBRF Ethnicity



### CSP Ethnicity

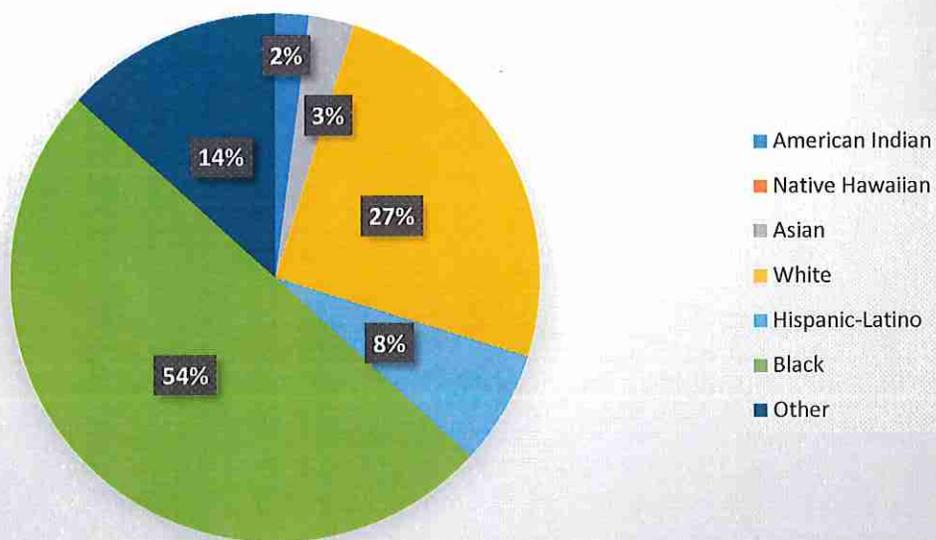


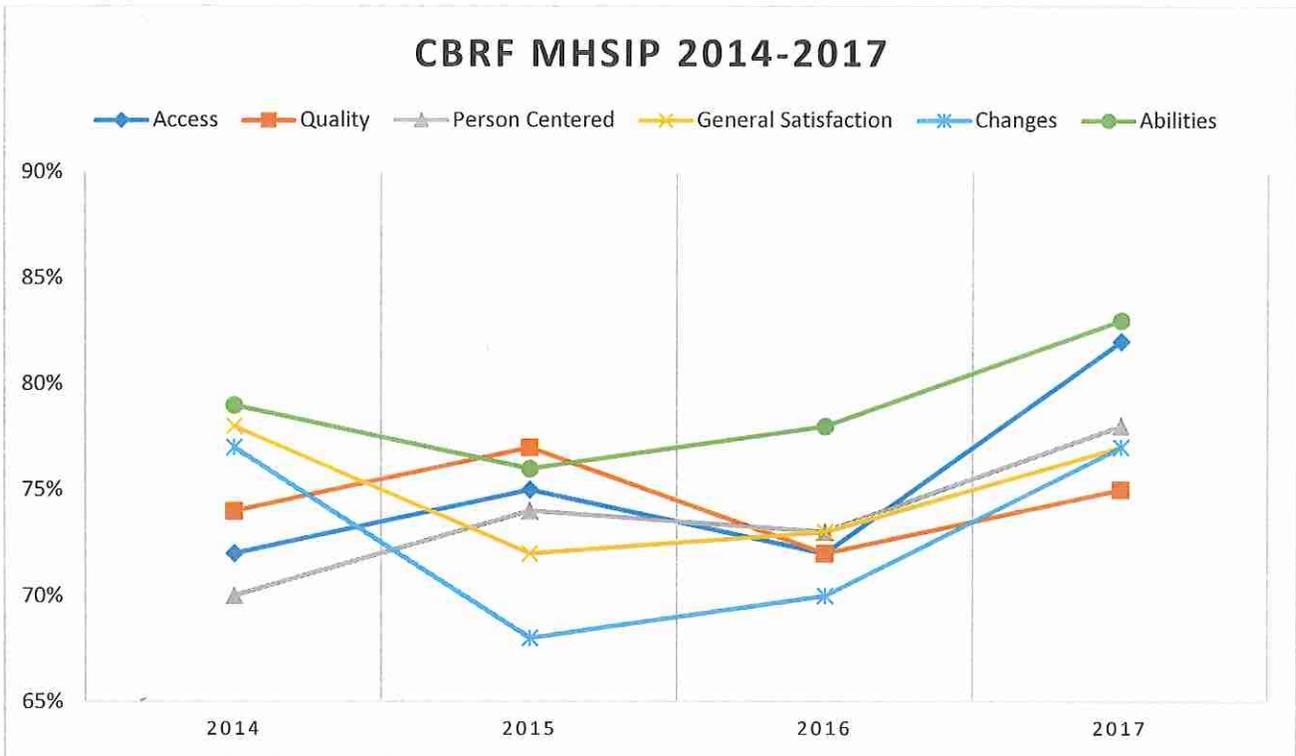
Table 4 below presents 2016 data for the Consumer Survey items organized by the six new domain titles of Access, Changes, Quality, General Satisfaction, Abilities, and Person-Centeredness for each Community Access to Recovery Services program in this report and for the total of all respondents in these CARS programs. To facilitate year-over-year comparisons, Table 5 (next page) presents Consumer Survey domain scores for the six domains included in the last four years the MHSIP or modified MHSIP has been administered.

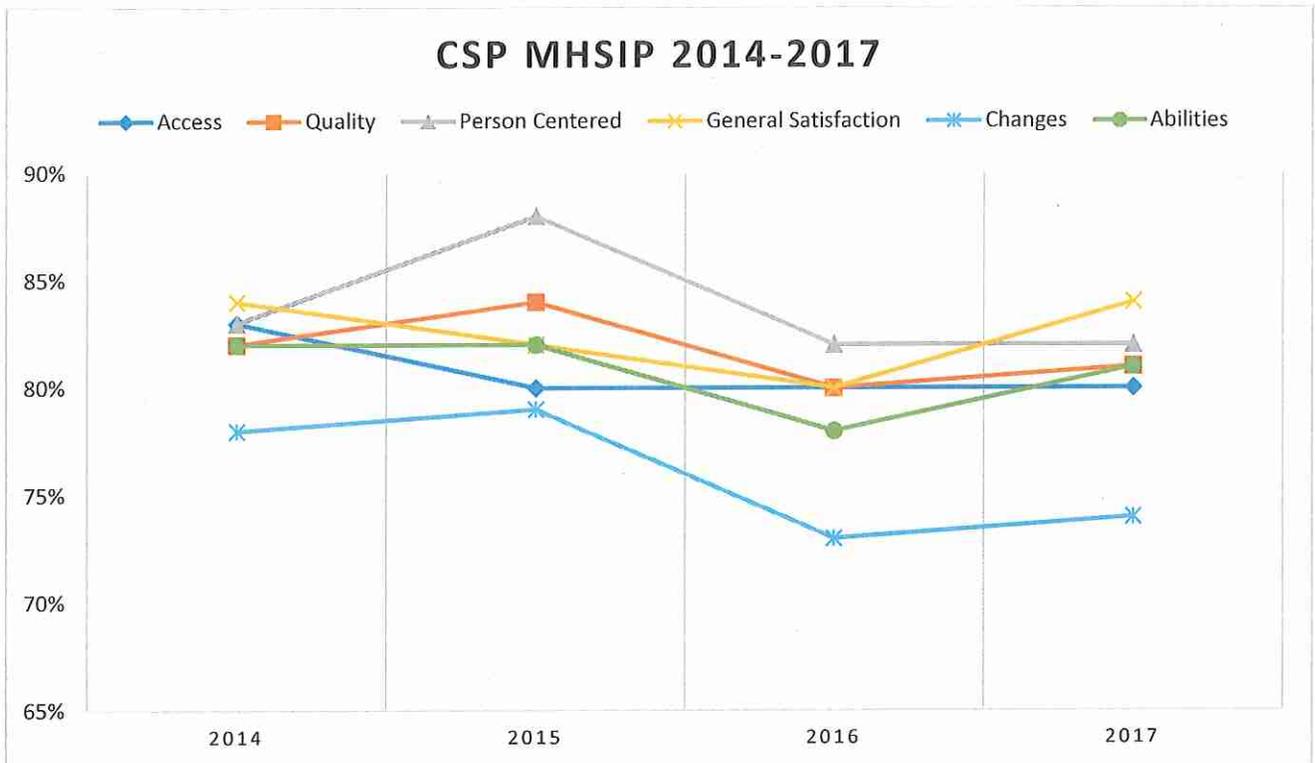
**Table 4**

Program	N	Percent Agree/Strongly Agree					
		Access	Quality	Person Centered	General Satisfaction	Changes	Abilities
CBRF	74	81.8%	74.8%	78.2%	76.9%	76.5%	82.8%
CSP	134	79.7%	81.1%	82.1%	83.8%	74.3%	80.6%

**Table 5**

2014-2017 CARS MHSIP Domain Scores (Percent Agree/Strongly Agree)																								
Service	Access				Quality				Person Centered				General Satisfaction				Changes				Abilities			
	'14	'15	'16	'17	'14	'15	'16	'17	'14	'15	'16	'17	'14	'15	'16	'17	'14	'15	'16	'17	'14	'15	'16	'17
CBRF	72	75	72	82	74	77	72	75	70	74	73	78	78	72	73	77	77	68	70	77	79	76	78	83
CSP	83	80	80	80	82	84	80	81	83	88	82	82	84	82	80	84	78	79	73	74	82	82	78	81





As discussed earlier, CARS expected each program area to be positively rated at 70-80% agree/strongly agree responses in each of the six modified MHSIP domains. Detailed results by CARS program are presented in the companion 2017 CARS MHSIP Program Reports.

- Both programs exceeded the target range for Access to services.
- Residential met the target in Quality, and CSP slightly exceeded this target.
- Residential met the target in the Person-Centered category, and CSP exceeded the target.
- Similarly, Residential met the target in General Satisfaction, and CSP exceeded this target.
- Both programs met the target in the Changes category.
- Both programs exceeded the target in the Abilities category.

---

## SUMMARY

For 2017, the third year in which a CARS modified MHSIP was administered, CARS programs maintained the target range of at least 70-80% positive responses for all our modified MHSIP domains.

Analyses of survey responses obtained for 2017 revealed:

- Both program areas met or exceeded the target range for Access to services.
- Both program areas met or exceeded the target range for Quality of services.
- Both program areas met or exceeded the target range for Person-Centered services.

- Both program areas met or exceeded the target range for General Satisfaction with services.
- Both programs met the targets in the Changes domain.
- Both program areas met the target range for improvement in Abilities due to provision of services.

Results for the last five years of the MHSIP survey indicate persons receiving CARS mental health services generally have positive perceptions of those services and high General Satisfaction with community services.

---

## RECOMMENDATIONS

The following are recommended based on the results of the 2017 MHSIP Consumer Survey:

1. Publish the results of the 2017 MHSIP on the Milwaukee County BHD – CARS website to highlight the satisfaction expressed by the recipients of community case management services.
2. Review the 2017 survey results with providers to attempt to clarify and explain those domains and items that received lower ratings by individuals receiving services within each program and consider what actions should be taken in response.
3. Utilize the 2017 survey results in discussions with BHD and CARS management, consumers, providers, and other stakeholders with the objective of identifying areas needing improvement and designing strategies to promote improvement.
4. Have each program area select at least one domain and/or item to be explicitly targeted for improvement on the 2018 MHSIP satisfaction survey.
5. Identify specific items on the CARS modified MHSIP that reflect client perceptions of adherence to core values of CARS identified in the overall CARS evaluation plan. Include these items in summary data made available to current and potential service recipients.
6. Include aggregate results from key MHSIP domains on the Behavioral Health Division KPI Dashboard developed in the Quality Management Services Committee.
7. Continue to consult with individuals receiving services of various kinds to allow their perceptions of satisfaction instruments, items, and results to inform decisions about how to make use of these indicators in continuous quality improvement efforts.
8. Consider other ways to effectively publicize the results of surveys of recipient satisfaction and to make them more available to the broader Milwaukee community.

# Acute Inpatient Seclusion and Restraint

Mid-Year Update

# 2018

This report contains information describing the first six (6) months of 2018 as summarized:

- Acute Adult: Restraint hourly rate remained the same from 2017 through quarter 2 2018 while restraint incident rate decreased by 20.2% during the same time period. Seclusion incident rate decreased by 7.3% from 2017 through the mid-year 2018 while Seclusion hourly rate increased by 33.3% during the same time period.
- CAIS: Restraint hourly rate increased by 33.3% from 2017 through mid-year 2018.

Prepared by: Quality  
Improvement  
Department

Date: August 15, 2018

# Summary

## 43A

- 43A rate of restraint hours decreased by 44.4% from 2017 through mid-year 2018.
- 43A had 29.12 reported restraint hours, 16.8 reported restraint hours were for 5 individuals (57.6% of all hours)
- 43A restraint incident rate decreased by 41.8% from 2017 through mid-year 2018.
- 43A had 29 reported restraint incidents, 15 reported restraint incident were for 5 individuals (51.7% of all hours)
- 43A seclusion hour's rate decreased by 25.0% from 2017 to first quarter 2018, while the seclusion incident rate decreased by 35.5%.

## 43B

- 43B rate of restraint hours increased by 66.7% from 2017 through mid-year 2018.
- 43B had 62.9 reported restraint hours, 37.9 reported restraint hours were for 1 individuals (60.2% of all hours)
- 43B restraint incident rate decreased by 9.3% from 2017 through mid-year 2018.
- 43B seclusion hour's rate remained the same from 2017 to the mid-year 2018, while the seclusion incident rate decreased by 41.3%.

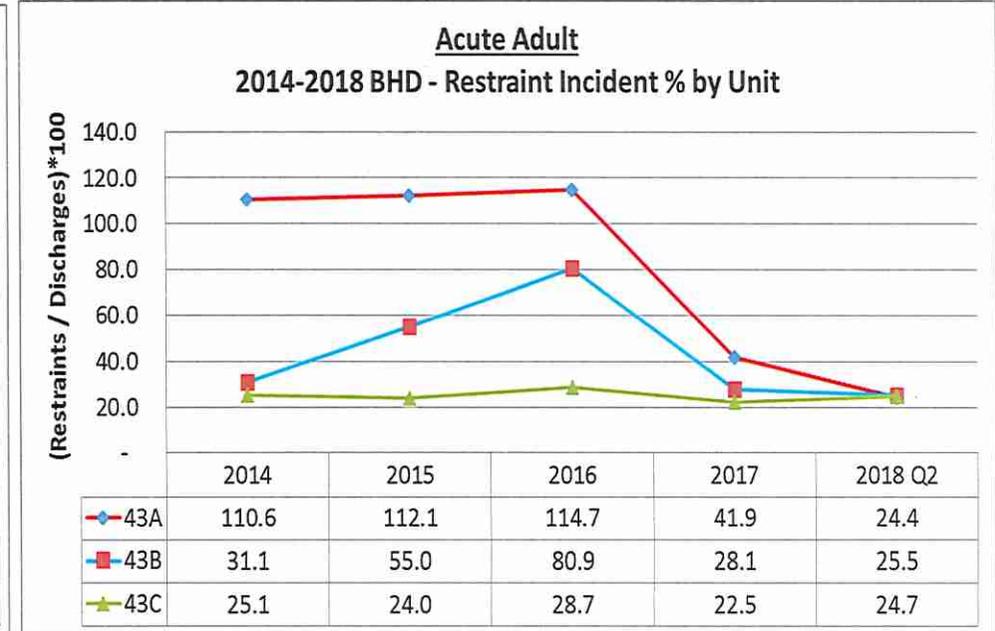
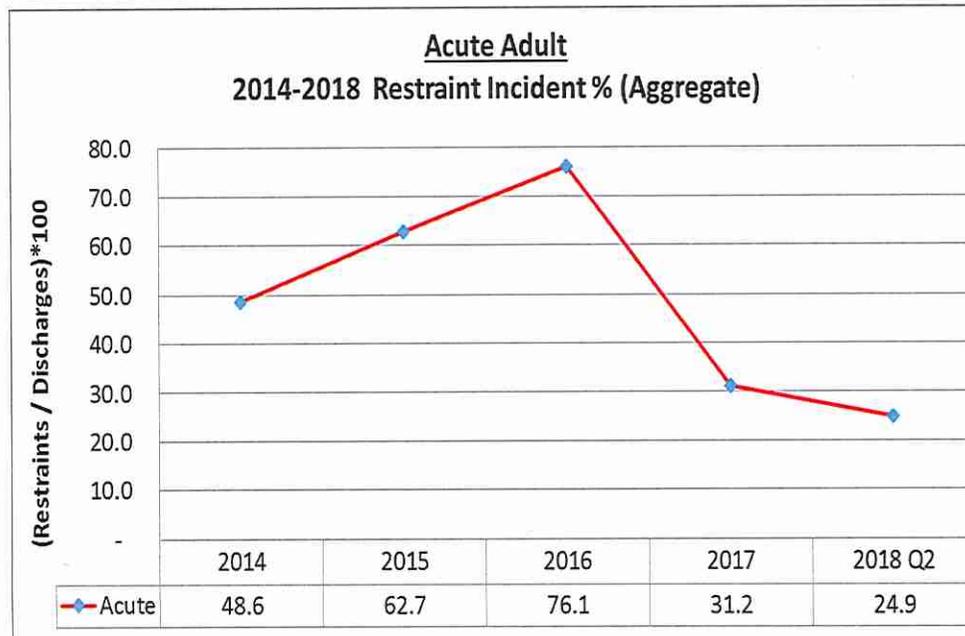
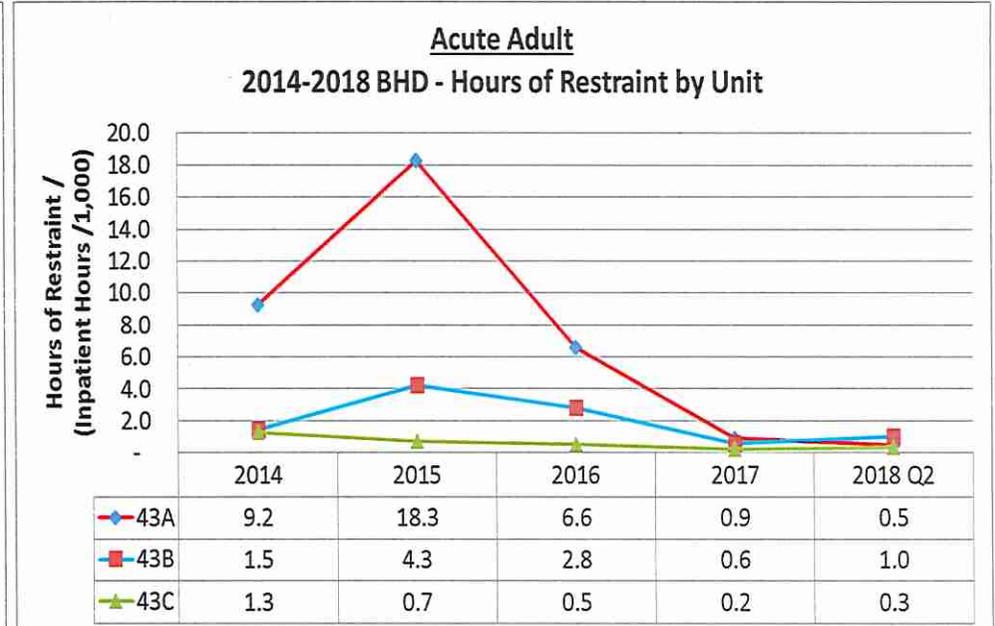
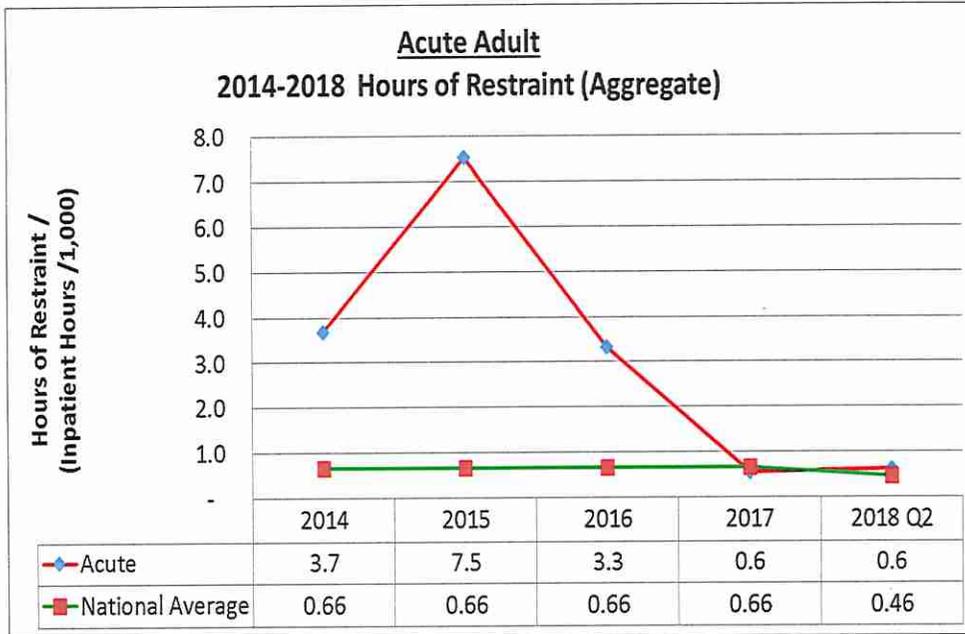
## 43C

- 43C rate of restraint hours increased by 50.0% from 2017 through mid-year 2018.
- 43C had 20.97 reported restraint hours, 12.1 reported restraint hours were for 1 individuals (57.7% of all hours)
- 43C restraint incident rate increased by 9.8% from 2017 through mid-year 2018.
- 43C seclusion hours rate increased by 100.0% from 2017 to the mid-year 2018, while the seclusion incident rate increased by 61.7%.

## CAIS

- Five (5) individuals had 23.3 reported restraint hours, 44.9% of all restraints hours.
- CAIS restraint incident rate increased by 33.3% from 2017 through the mid-year 2018.

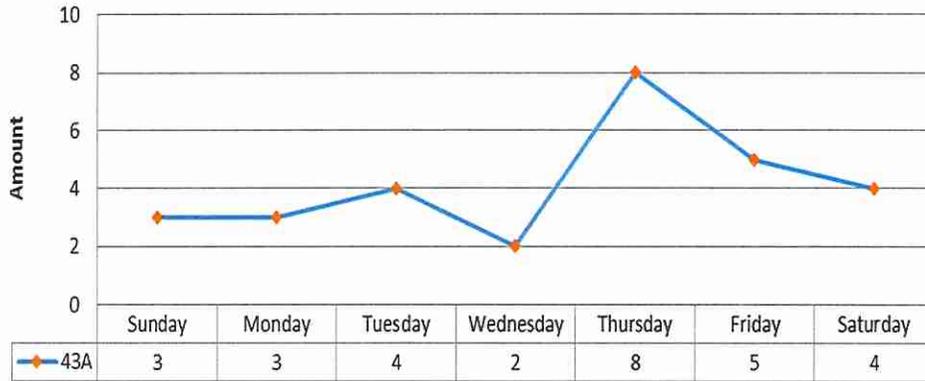
# Acute Adult



# Acute Adult

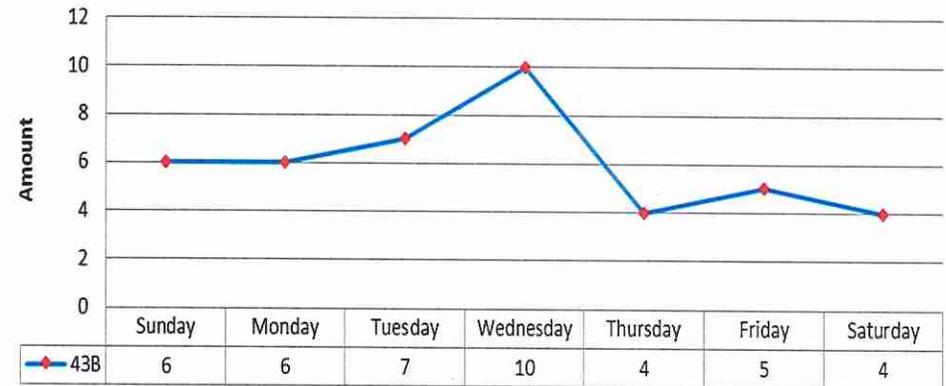
**43A Restraints by Day of Week**

N = 29



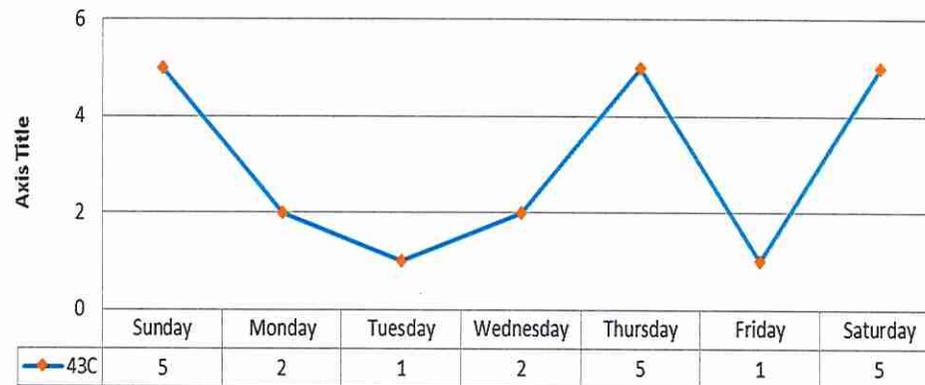
**43B Restraints by Day of Week**

N = 42



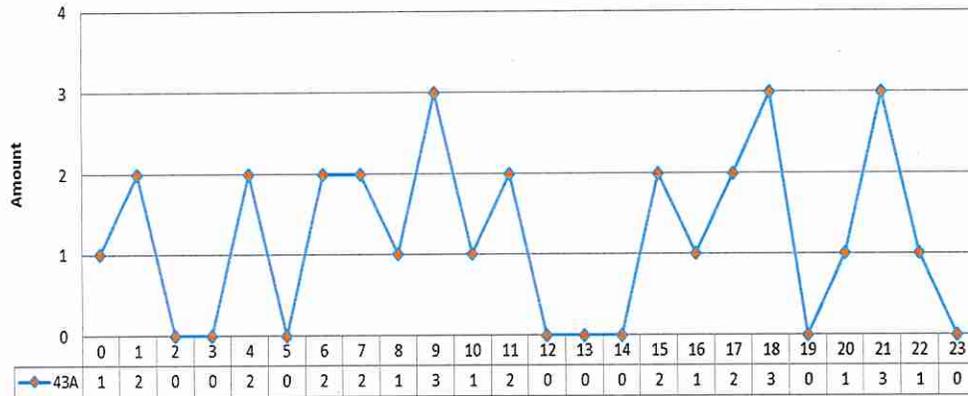
**43C Restraints by Day of Week**

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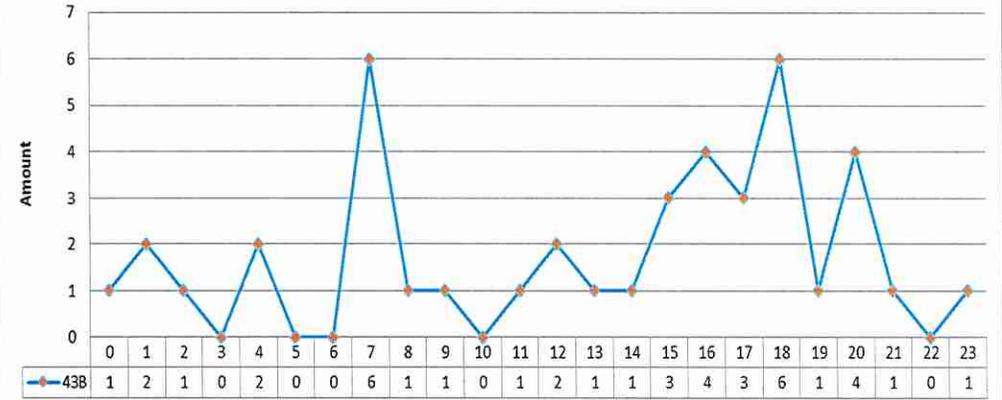


# Acute Adult

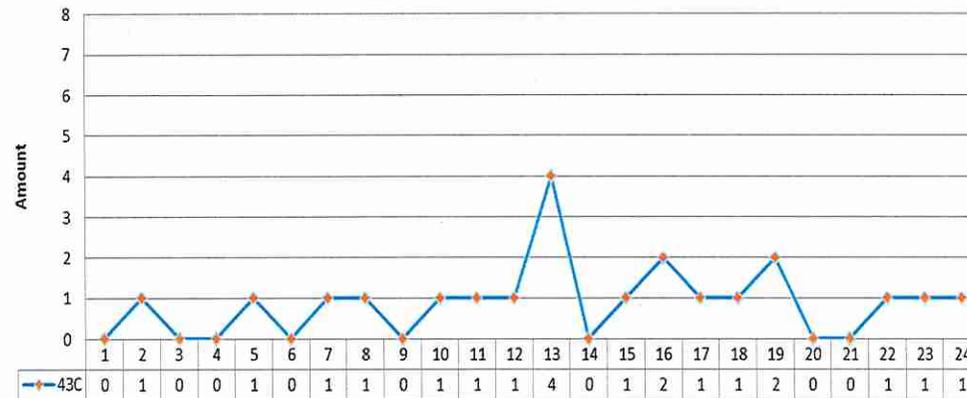
**43A Restraints by Time of Day**  
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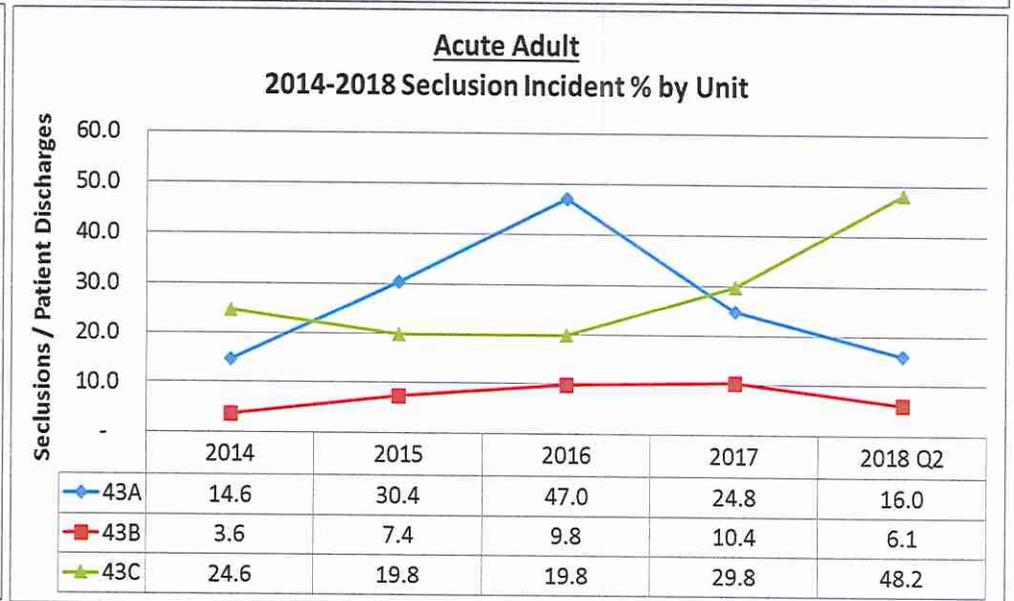
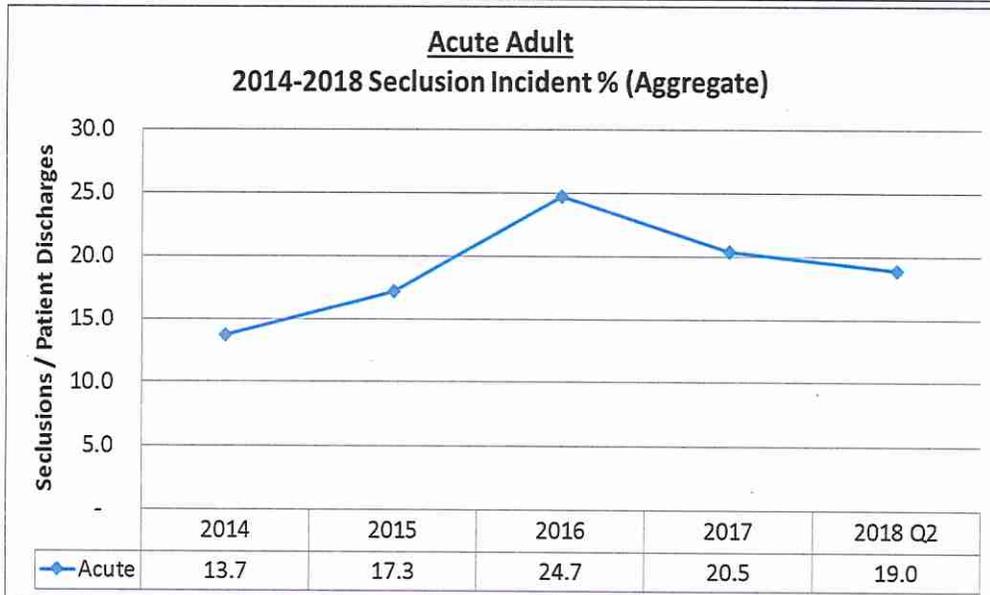
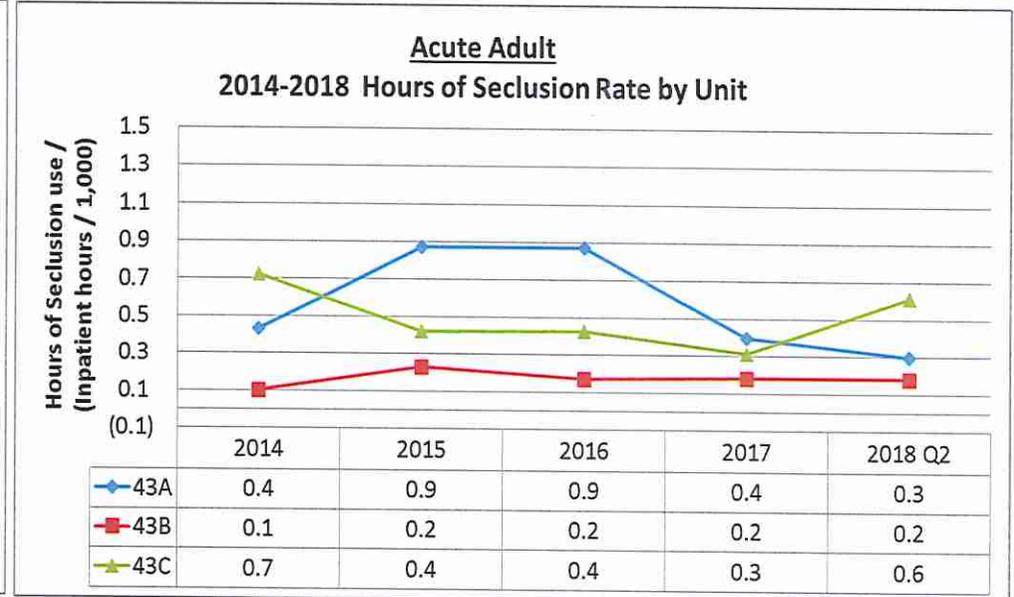
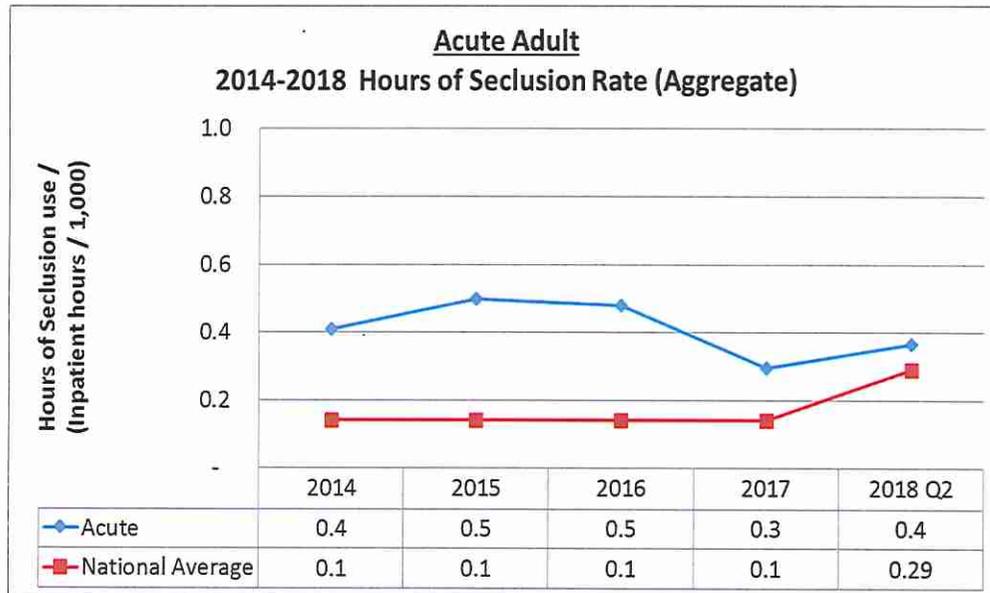
**43B Restraints by Time of Day**  
N = 42



**43C Restraints by Time of Day**  
N = 21

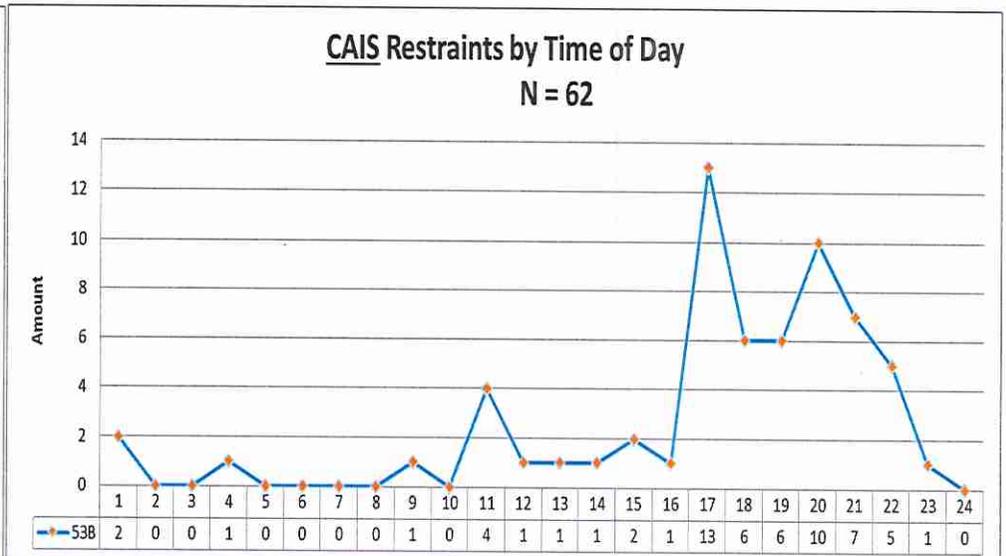
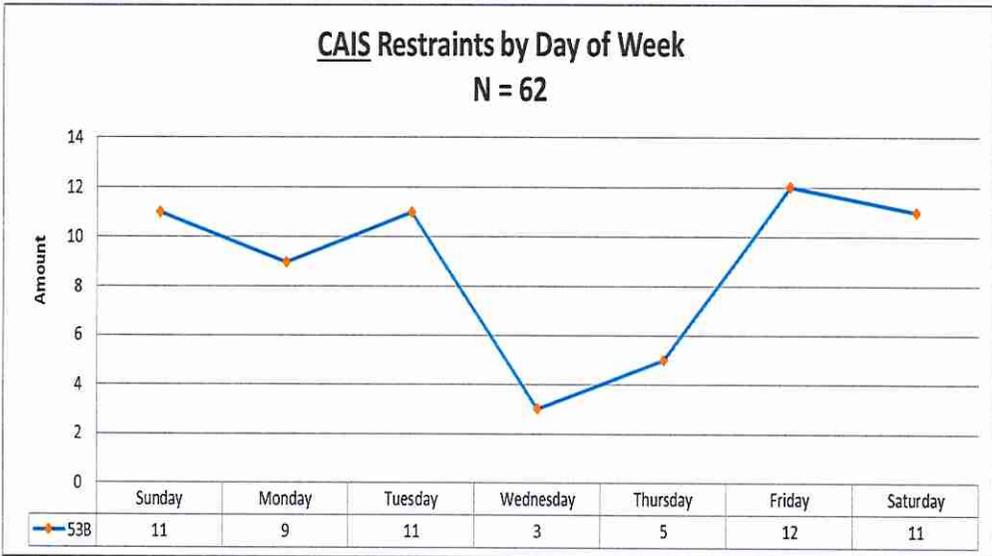
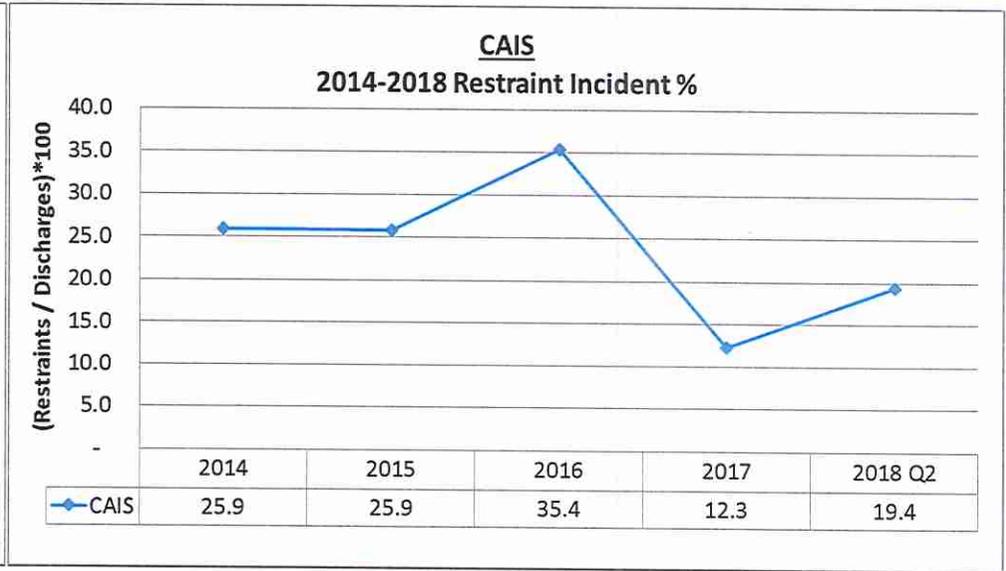
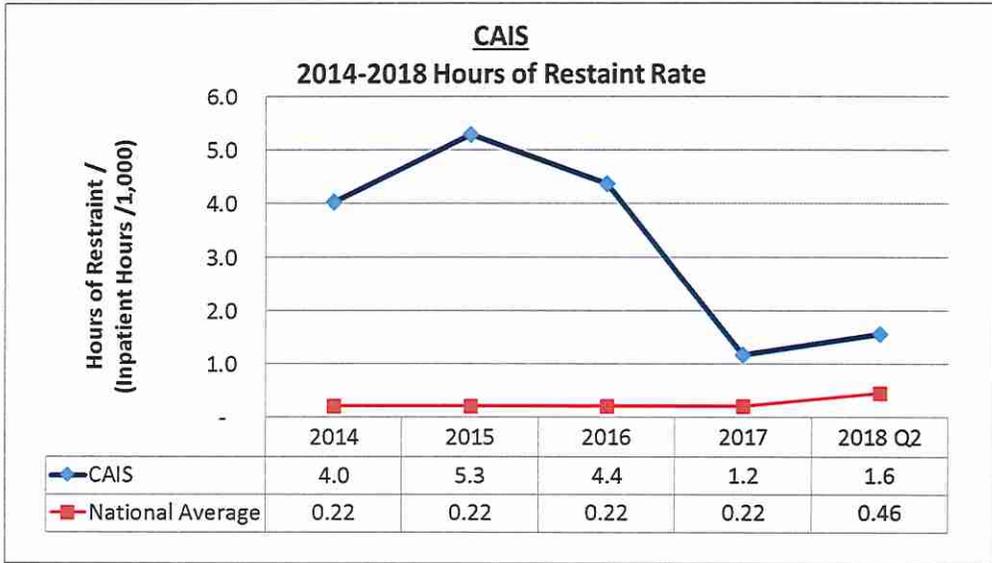


# Acute Adult





# CAIS





# Facility Data

Program		Restraint Incidents								Restraint Hours							
		2011	2012	2013	2014	2015	2016	2017	2018 Q2	2011	2012	2013	2014	2015	2016	2017	2018 Q2
Acute	43A	282	367	558	303	306	249	93	29	1,704	1,473	2,321	1,293	2,402	864	109	29
	43B	78	124	236	138	237	207	73	42	89	139	492	259	600	399	72	63
	43C	173	88	112	98	63	58	40	21	1,602	78	113	205	104	67	28	21
	Total	966	775	906	539	606	514	206	92	4,579	2,268	2,926	1,757	3,106	1,330	210	113
CAIS	CAIS	173	84	124	246	238	218	87	62	476	98	133	314	458	323	88	52
Crisis	PCS	638	537	445	405	417	373	275	189	651	514	509	413	445	408	269	180
	OBS	122	76	106	146	83	74	63	13	190	100	179	207	117	98	46	9

Program/Unit		Seclusion Incidents								Seclusion Hours							
		2011	2012	2013	2014	2015	2016	2017	2018 Q2	2011	2012	2013	2014	2015	2016	2017	2018 Q2
Acute	43A	47	22	18	40	83	102	55	19	87	17	33	61	115	115	49	18
	43B	4	12	15	16	32	25	27	10	4	8	11	18	32	24	23	11
	43C	58	15	74	96	52	40	53	41	73	10	100	118	60	54	40	39
	Total	154	62	107	152	167	167	135	70	218	48	144	196	207	193	111	68
CAIS	CAIS	27	6	5	32	44	17	45	42	32	4	3	21	35	13	28	24

# Crisis Seclusion and Restraint

Mid-Year Update

# 2018

This report contains information describing the first six (6) months of 2018 are summarized as follows:

- 2018 mid-year PCS restraint incident rate increased by **50.0%** from 2017.
- 2018 mid-year PCS restraint hour increased by **44.0%** from 2017.
- 2018 mid-year Observation incident rates decreased by **42.5%** from 2017.
- 2018 mid-year Observation restraint hour decreased by **48.2%** from 2017.

Prepared by: Quality  
Improvement  
Department

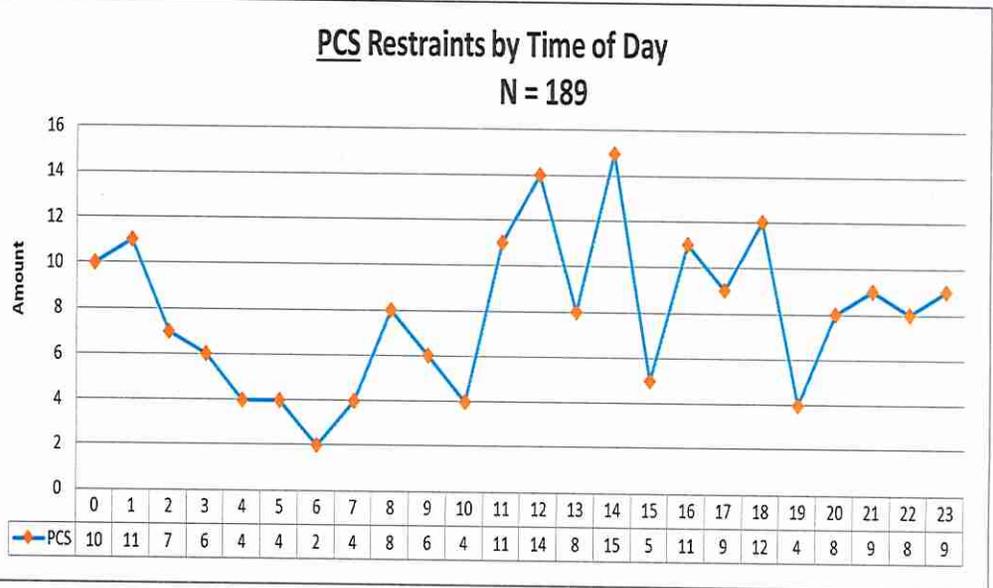
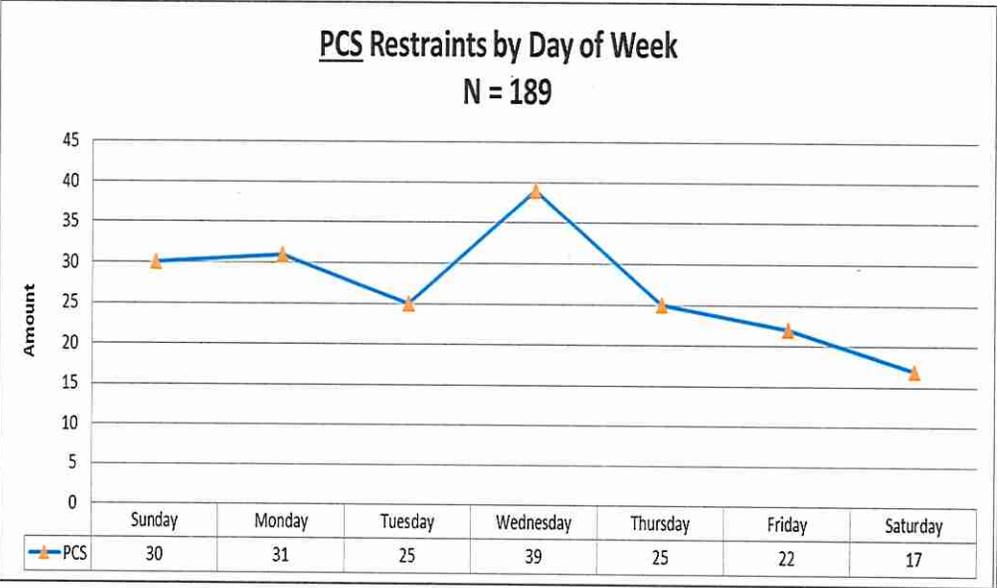
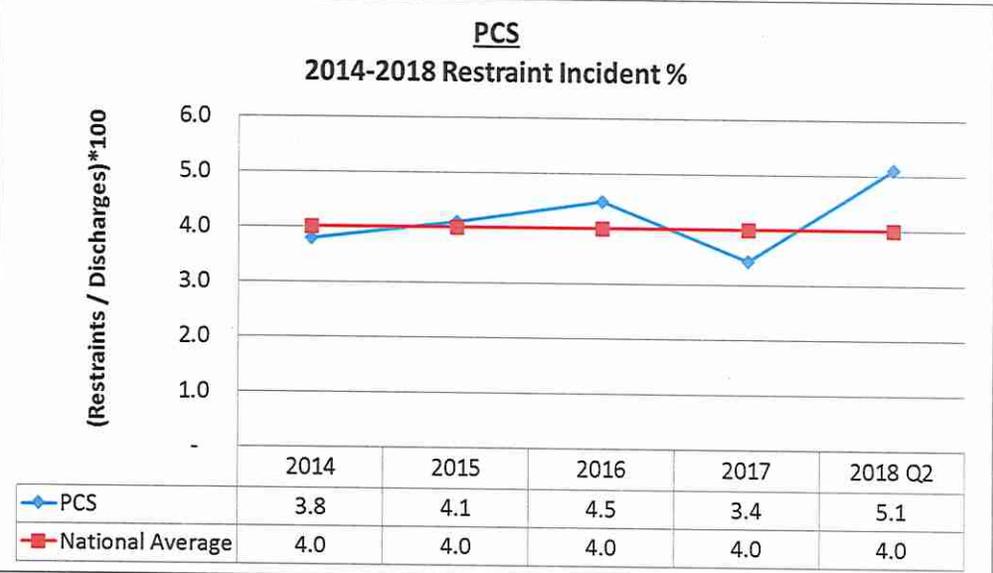
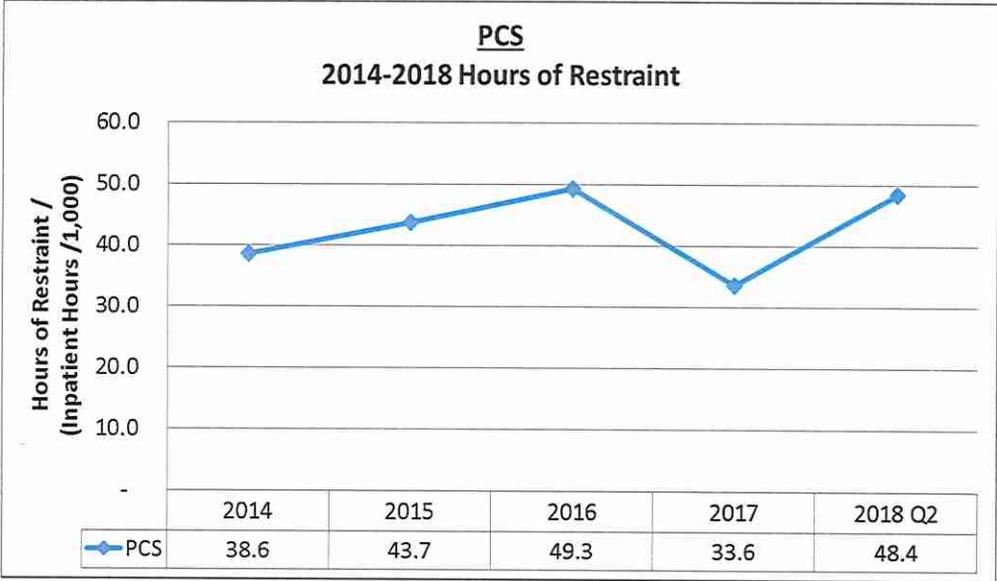
Date: August 15, 2018

# Summary

## PCS

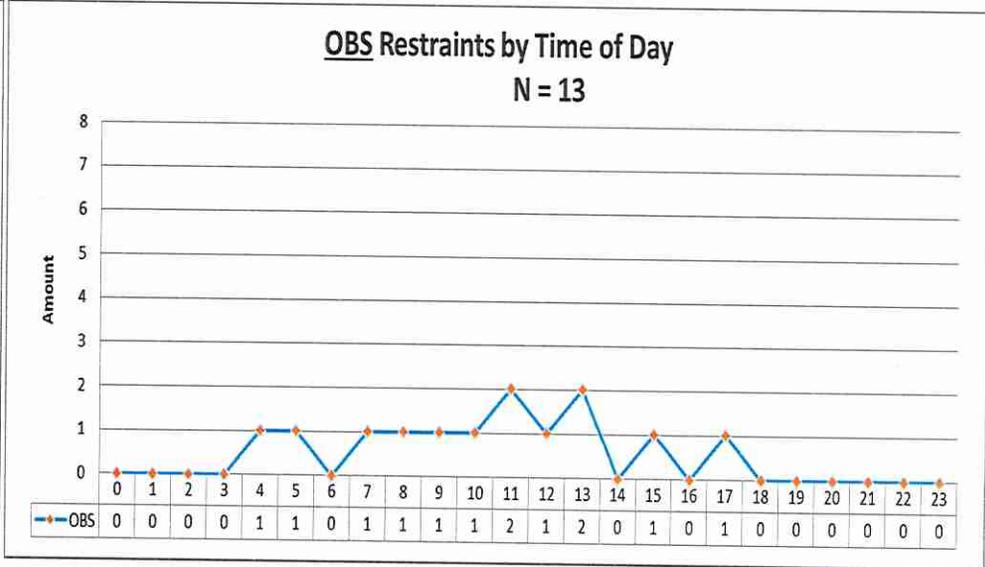
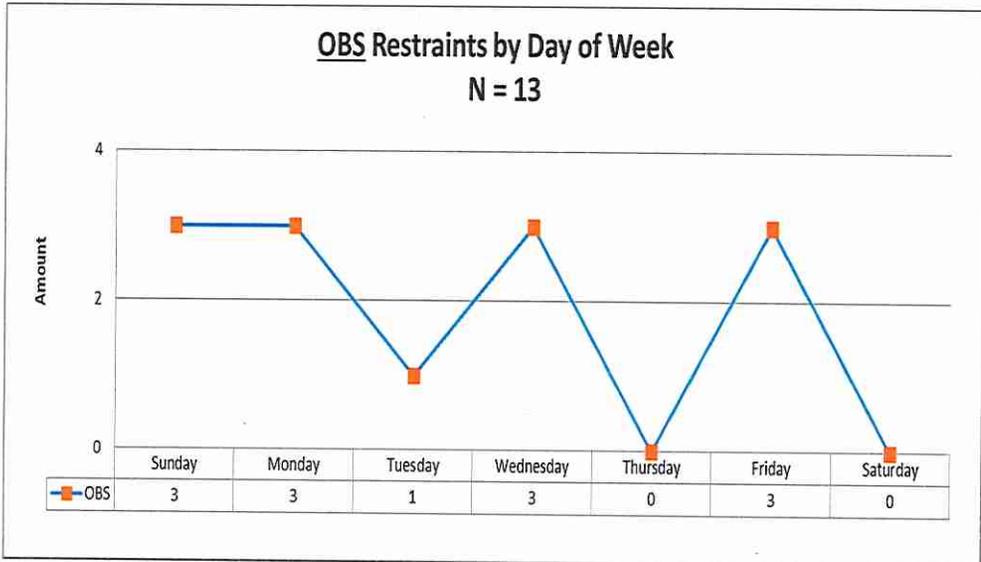
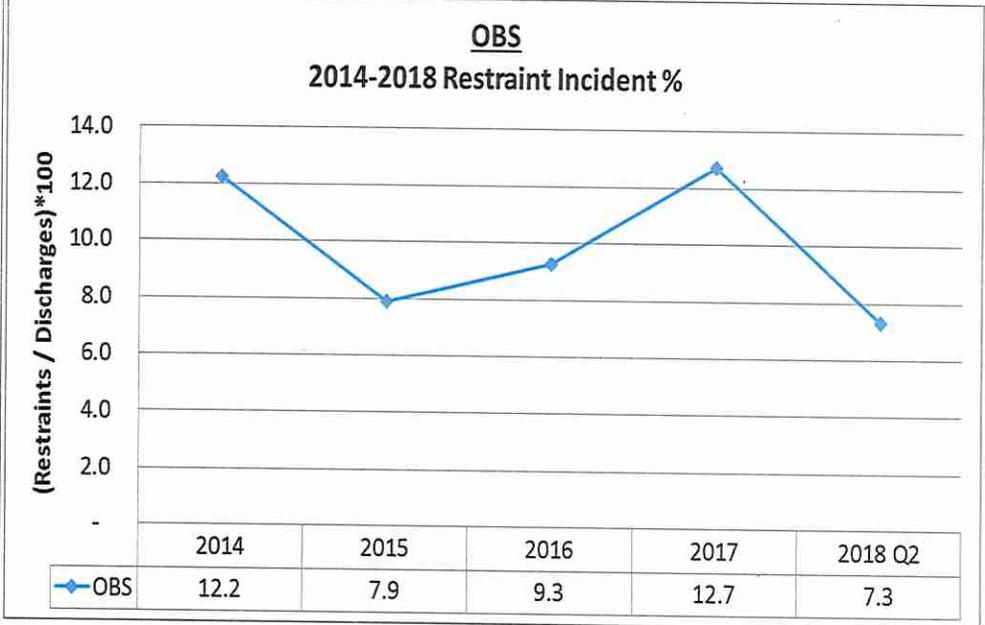
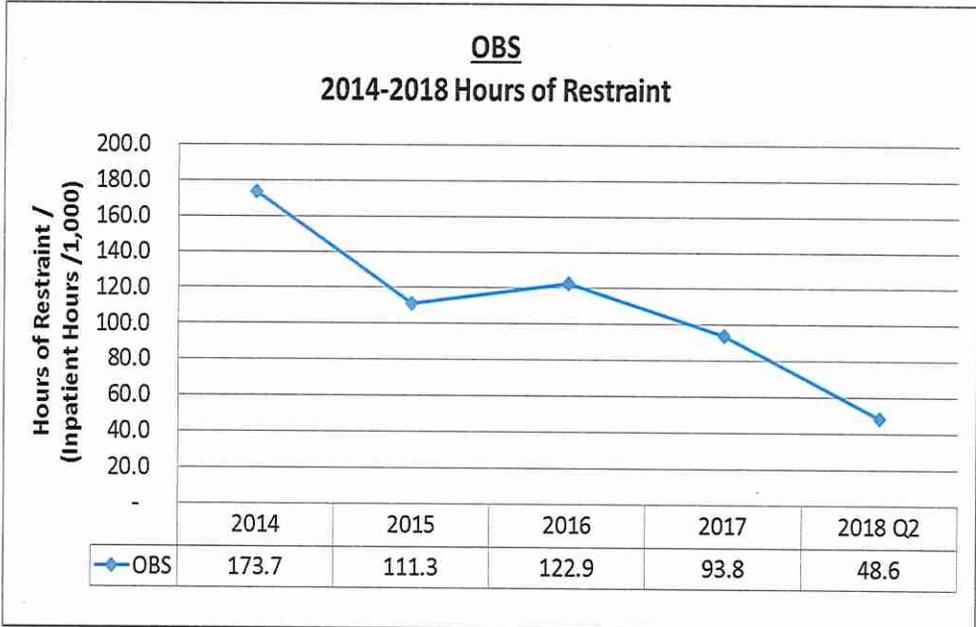
- PCS had 179.73 reported restraint hours, of which 69.2% of reported restraints, the patient were in restraints for less than 2 hours
- PCS had 189 reported restraint incidents, of which 65% of reported restraint incidents were patients with one (1) episode of restraint.

# PCS





# OBS



# Facility Data

Program		Restraint Incidents								Restraint Hours							
		2011	2012	2013	2014	2015	2016	2017	2018 Q2	2011	2012	2013	2014	2015	2016	2017	2018 Q2
Acute	43A	282	367	558	303	306	249	93	29	1,704	1,473	2,321	1,293	2,402	864	109	29
	43B	78	124	236	138	237	207	73	42	89	139	492	259	600	399	72	63
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Program/Unit		Seclusion Incidents								Seclusion Hours							
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Acute	43A	47	22	18	40	83	102	55	19	87	17	33	61	115	115	49	18
	43B	4	12	15	16	32	25	27	10	4	8	11	18	32	24	23	11
	43C	58	15	74	96	52	40	53	41	73	10	100	118	60	54	40	39
	Total	154	62	107	152	167	167	135	70	218	48	144	196	207	193	111	68
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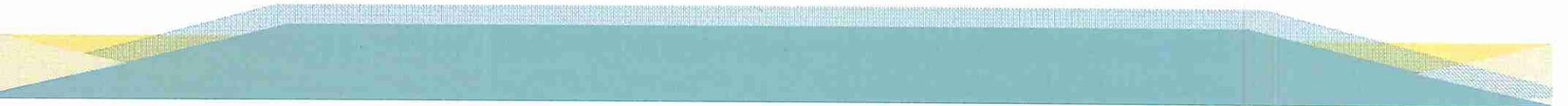
# Temporary Assistance for Needy Families (TANF) Alcohol and Other Drug Abuse (AODA) Grant

## Evaluation Activities

*Presented to Mental Health Board Quality Committee  
September 17, 2018*



# Background



## TANF AODA Grant Award

- Notice in mid-2017 that award would be continued based on application submitted by BHD CARS in December 2016
- Funded by the State of Wisconsin Department of Health Services, Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery

*“The consortium application addresses the need for comprehensive substance use disorder treatment and recovery support services for TANF-eligible individuals and their families, with a focus on special populations, multiple system service delivery and coordination that is strength-based, gender and culturally-sensitive, and family focused.”*



# TANF AODA Program Eligibility

- Criteria developed by State of Wisconsin which chose to use TANF funds from the Federal government for substance use treatment
  - Milwaukee County resident
  - Parent of a child(ren) under the age of 18 who lives in Milwaukee County, or currently pregnant
    - Includes non-custodial parents
  - Annual household income at or below 200% of the poverty level
  - Compliant with child support
  - Involved in multiple systems such as W2, Child Welfare, Food Share, Probation/Parole, BHD, etc.

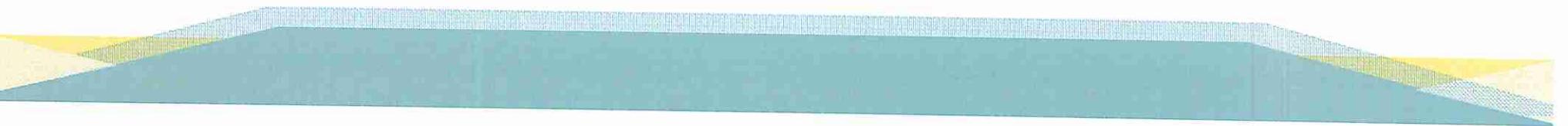


# TANF AODA Grant Goals

- Goal 1:** Provide appropriate alcohol and drug addiction outreach, intervention, treatment, care coordination and support services for individuals and their families who are TANF eligible and who have a family income of not more than 200% of the federal poverty level.
- Goal 2:** Provide services of the highest quality that are evidence-based or promising practices in accordance with the elements, standards, and core values of the TANF individual's outreach, treatment, and support program.
- Goal 3:** Achieve positive family functioning, self-directed recovery and improved quality of life among persons and families served.
- Goal 4:** Track the number of alcohol and drug-related deaths in the county and among service providers and implement appropriate anti-drug diversion, overdose prevention and other effective strategies.



# Evaluation Team

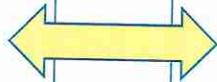


- BHD CARS staff chose to add evaluation resources to the TANF AODA program by including an external evaluation team from UW-Milwaukee Helen Bader School of Social Welfare and the Center for Urban Population Health in the grant application
- Evaluation approach is collaborative
  - Monthly TANF AODA Evaluation Team meeting
  - Regular communication among team members



*UW-Milwaukee &  
Center for Urban Population  
Health (CUPH)*

*Behavioral Health Division  
Community Access to Recovery  
Services (BHD CARS)*



Michelle Bunyer

Associate Researcher, CUPH

Lisa Berger

Professor, Helen Bader School of  
Social Welfare; Director, CUPH

Michelle Corbett

Associate Researcher, CUPH

Sue Clark

Janet Fleege

Justin Heller

Nzinga Khalid

Gary Kraft

Adrienne Sulma

TANF  
AODA



# Key Evaluation Activities



## Client Focus Groups

- Conducted at AODA residential treatment facilities with men and women receiving services
  - 7 focus groups including 55 clients (as of 8/17/18)
- Collected information for TANF team to develop more effective outreach and engagement strategies, better understand how to integrate families into treatment, and determine how to add clients in an advisory role to the program
- Groups completed April- August 2018; currently compiling full results
  - ✓ Preliminary results suggest that clients desire more family contact while they are in treatment, especially with their children, whom many times are their motivation for recovery



## TANF Client Satisfaction Survey

- 8-item survey developed by BHD CARS staff
- Pilot launch in June 2017; re-launch with new methodology in April 2018 to improve completion rate
- Administered by the Recovery Support Coordinator (RSC) at 4-months into treatment; paper survey or online link
- Responses from **40 clients** as of mid-August 2018



TANF  
AODA

## TANF Client Satisfaction Survey (contd.)

Question	% Agree <sup>1</sup>
Staff were polite and respectful.	90%
Staff were sensitive to my cultural and spiritual needs.	95%
Staff were compassionate and understood what I have been through.	95%
Staff encouraged me to feel more hopeful about my future.	95%
It was easy for me to get the services that I needed.	90%
I was actively involved in making decisions about my care and the services I received.	98%
The services that I received will help me meet the challenges that I may face in my life.	95%
I would recommend this service to a friend or family member.	93%

<sup>1</sup> Strongly agree or agree.



## Workshop Evaluation Surveys

- Surveys conducted for the following provider trainings:

*Finding Your Best Self* (August 2017)

*Gaining Clarity* (October 2017)

*Matrix Model* (February 2018)

- **Initial Survey:** Relevance and utility of materials, agency capacity to use materials, how to best support implementation
  - Adapted from the TCU-WEVAL survey developed by the Texas Christian University Institute of Behavioral Research
- **3-Month Follow-up Survey:** Use of the materials since the workshop, client experiences, barriers to implementation of materials
  - Adapted from the TCU-WAFU survey developed by the Texas Christian University Institute of Behavioral Research



TANF  
AODA

## Workshop Evaluation Surveys (contd.)

- Used a methodology shown to maximize response rates
  - Monetary incentives, multiple contact (mail, email) and multiple return (online link, paper) modes approach

Completed Consent & Initial Survey	144/162	89%
Completed 3-Month Follow-Up Survey (among those who completed the Initial survey and likely received our communications at follow-up)	113/133	85%

- For each training created a comprehensive report detailing survey responses and recommendations based on the results
  - ✓ Across all three trainings, providers reported relevance of the materials to client needs, welcome opportunities to learn more about application of the materials, and are interested in interacting with others using the materials in the community to learn about implementation successes
- Will continue at future trainings as requested by TANF program staff



## Executive Director Survey

- Created to gather information from BHD CARS AODA Provider Network agency Executive Directors
- Topics include: Views on TANF AODA program administration and requirements, agency practice values and approaches, agency quality improvement activities, agency implementation of Evidence-Based Practices, staff certification and retention, and strengths/weaknesses in providing services to TANF AODA clients
- Will be administered Fall 2018



## Analysis of TANF Client Data

- Compiled a TANF client data set with information drawn from the electronic health record for future use in:
  - Describing TANF client characteristics
  - Describing TANF client treatment outcomes
  - Examining factors related to successful discharge
  - Tracking the grant's Performance Measures
  - Creating special reports focused on data for pregnant women and IV drug users
- Work continues on refining the structure of the data set and the elements included



## NIATx Collaborative Evaluation

- The NIATx Collaborative meets monthly and includes staff from community providers (not specific to TANF providers) who are working on quality improvement (QI) projects
  - ✓ 21 community providers have sent a representative at some point in 2018
- Each Fall BHD CARS sponsors a NIATx Storyboard Marketplace where providers showcase their quality improvement projects
  - ✓ 18 community providers presented projects at the October 2017 Storyboard Marketplace
- Developed a logic model to conceptualize the group's goals and determine how to measure movement toward achieving those goals



## NIATx Collaborative Evaluation (contd.)

- Will be collecting data to assess progress on meeting goals and provide recommendations based on results
  - Meeting attendance patterns
  - Agency & individual interest in QI, capacity to engage in QI
  - Communication and collaboration among attendees
  - Attendee perceptions of benefits to themselves and clients
  - NIATx project quality
- Related to the Collaborative – the UWM Evaluation team provides individualized research methodology support to agencies seeking assistance with their NIATx projects
  - ✓ 3 projects in 2017
  - ✓ 6 projects so far in 2018



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TANF  
AODA

## PCS Hospital Transfer Waitlist Report

Mid-Year Update

# 2018

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This report contains information describing the first six (6) months of 2018 are summarized as follows:

- 3 hospital transfer waitlist events occurred
- PCS was on hospital transfer waitlist status 77.4%
- The 648 individuals delayed comprised 17.1% of the total PCS admissions (3,710)
- The median wait time for all individuals delayed was 5.0 hours
- The average length of waitlist per patient is 7.1 hours

Prepared by:  
Quality Improvement Department

Date: August 14, 2018

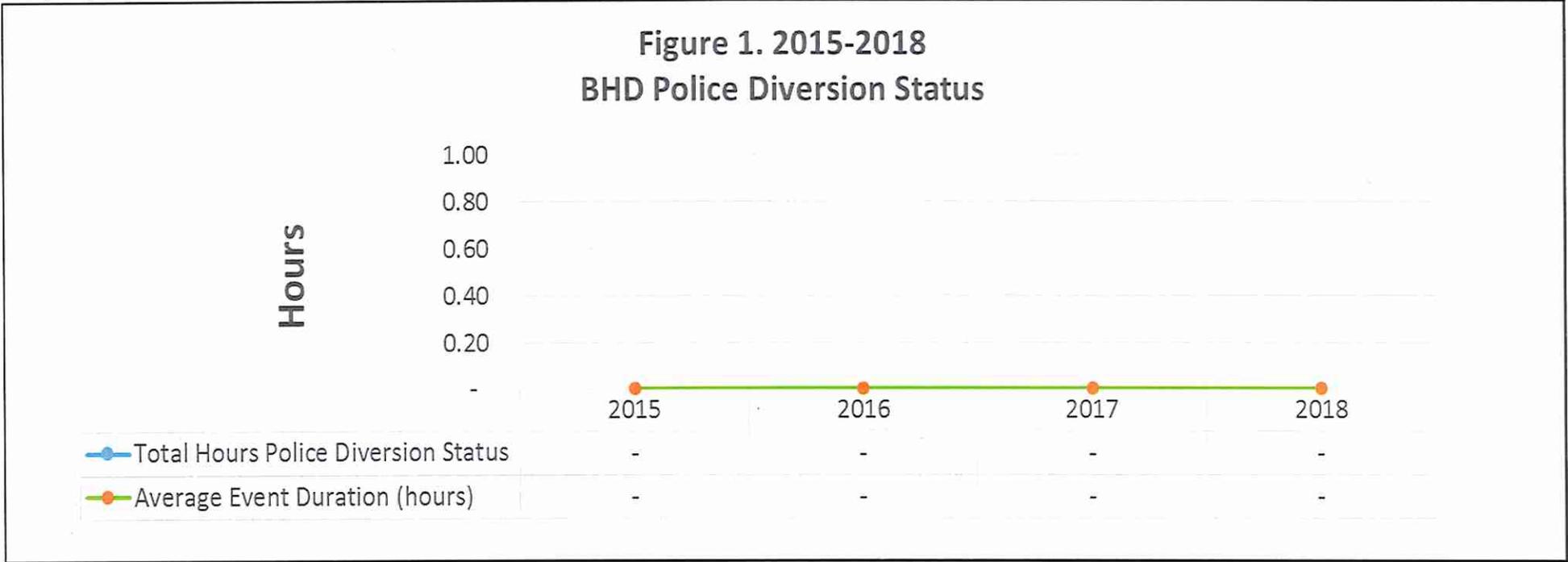
## **Definitions:**

**Waitlist:** When there is a lack of available beds between the Acute Inpatient Units and the Observation Unit. Census cut off is 5 or less open beds. These actions are independent of acuity or volume issues in PCS.

**Diversion:** A total lack of capacity in PCS and a lack of Acute Inpatient and Observation Unit beds. It results in actual closing of the door with no admissions to PCS allowed. Moreover, it requires law enforcement notification and Chapter 51 patients re-routed.

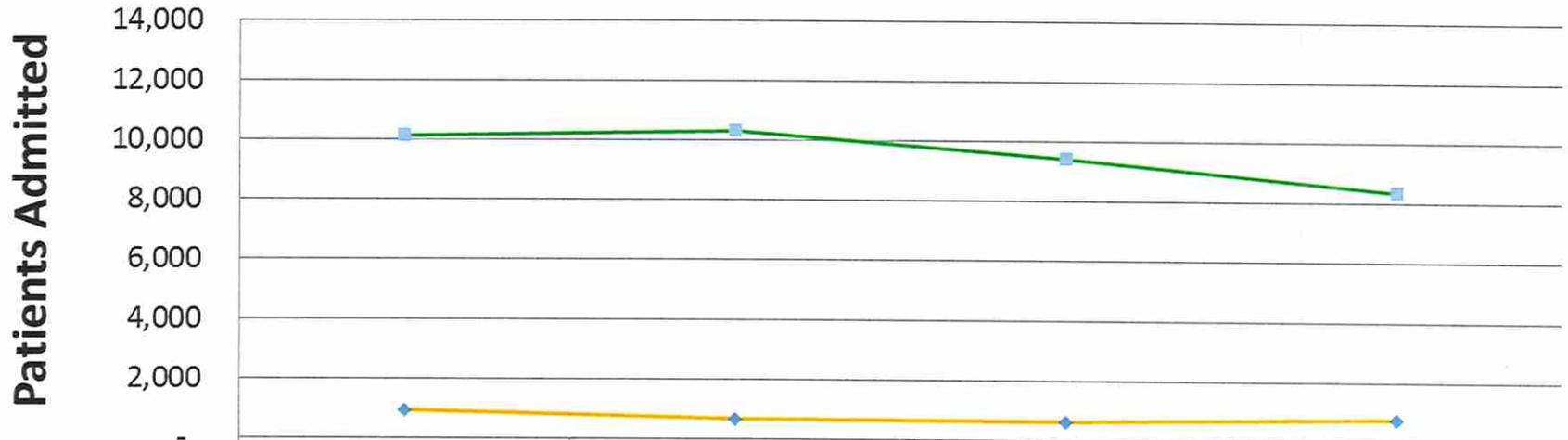
**Reporting Time Period:** The data in this report reflects three (3) years or the last twelve (12) quarters, unless specified otherwise.

Figure 1. 2015-2018  
BHD Police Diversion Status



\*There have been no police diversion in the last 8 year, last police diversion was in 2008

**Figure 2. 2015-2018  
PCS and Acute Adult Admissions**



	2015	2016	2017	2018 Proj.
◆ Acute Adult Admissions	965	683	656	756
■ PCS Admissions	10,173	10,334	9,429	8,360

\*PCS Admissions = Projected Waitlist Clients + Projected PCS Clients

Figure 3. 2015-2018  
Percent of Time on Waitlist Status



\*Waitlist Percent = Waitlist Duration/ (Number of day in the quarter\*24)

Figure 4. 2015-2018  
Patients on Hospital Transfer Waitlist



Figure 5. Waitlist Events  
2015-2018

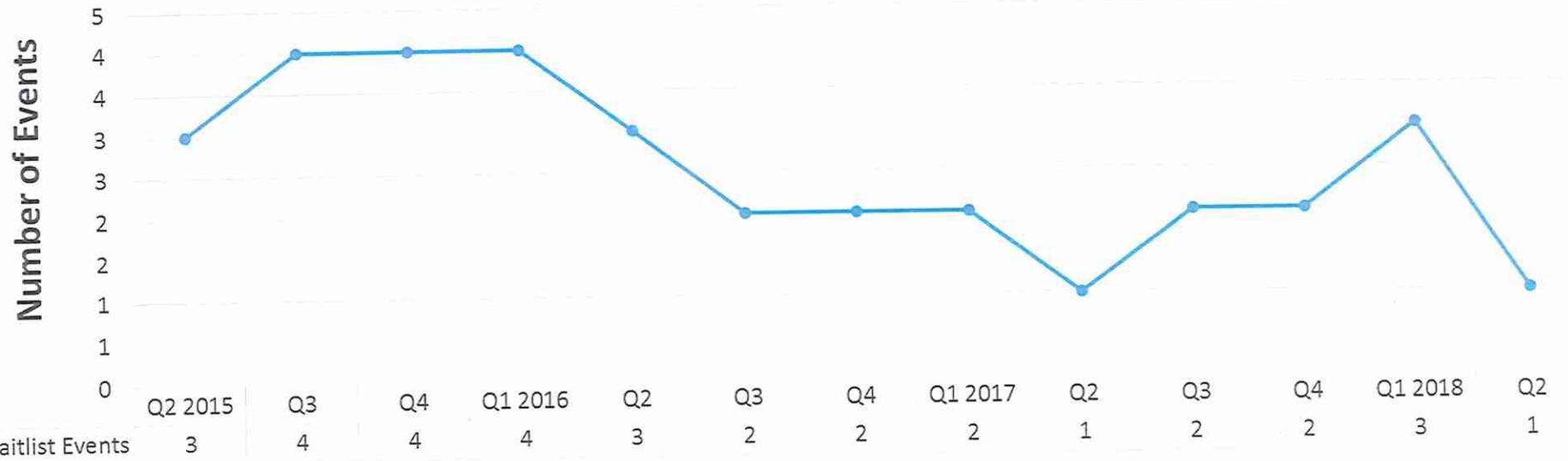


Figure 6. 2015-2018  
Average Duration of Event  
(Hours)



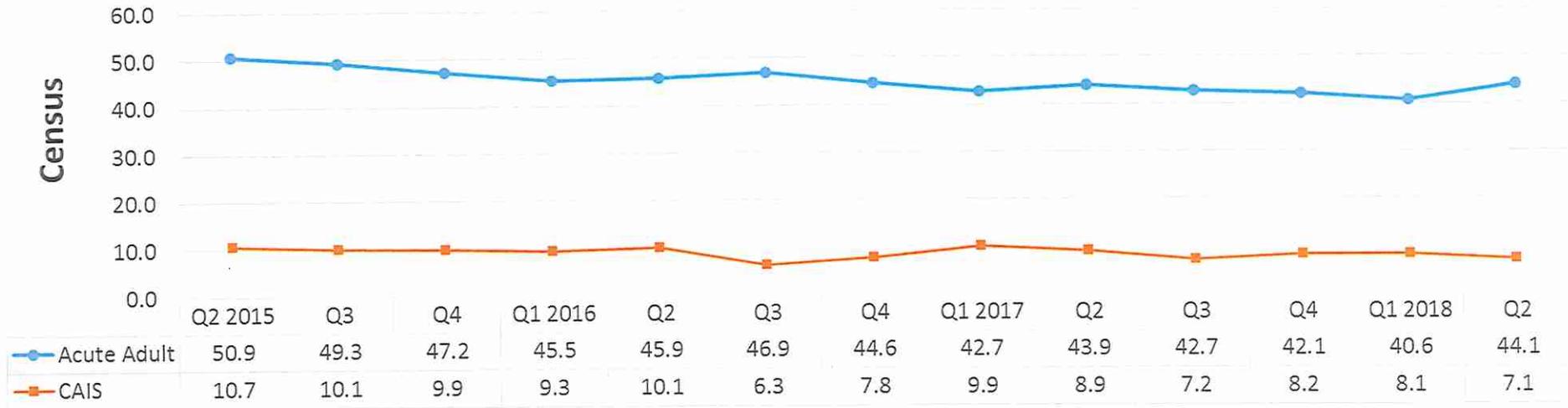
Figure 7. 2015 - 2018  
Median Wait Time For Individuals Delayed  
(Hours)



Figure 8. 2015-2018  
Average Length of Waitlist For Individuals Delayed  
(Hours)

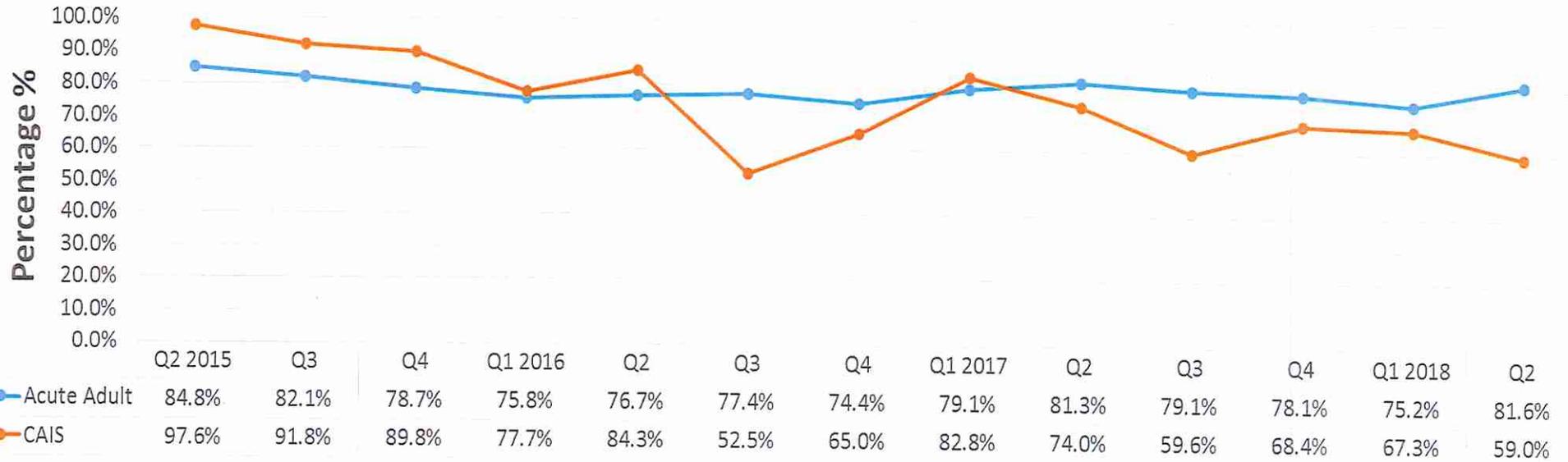


**Figure 9. 2015-2018  
Acute Adult/CAIS  
Average Daily Census**



\*Average Daily Census = Patient days/amount of days per quarter

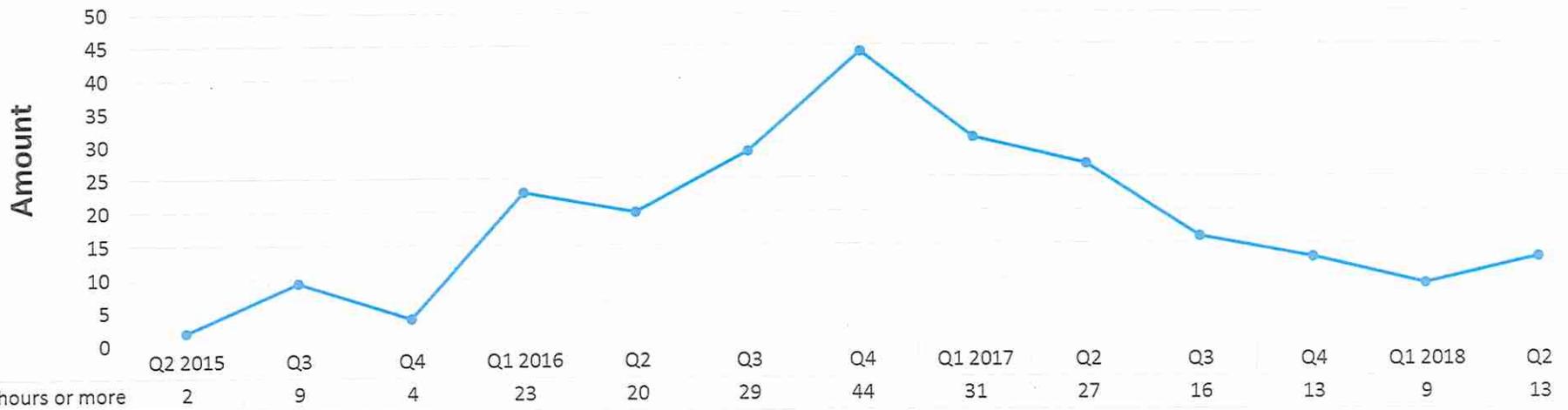
Figure 10. 2015-2018  
Acute Adult/CAIS  
Budgeted Occupancy Rate



\*Occupancy Rate = Patient's Day/ (Number of day in the quarter\*number of beds budgeted)

\*Reduced staffing impacted operation bed count

**Figure 11. 2015-2018**  
**Number of patients on waitlist for 24 hours or greater**

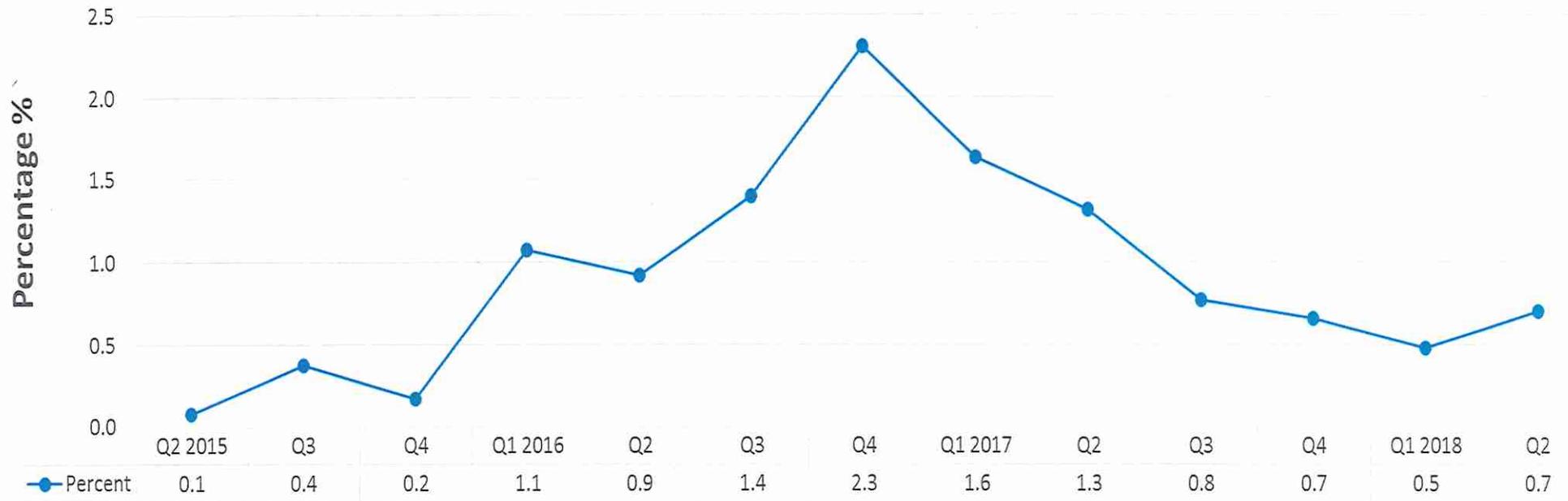


**Figure 12. 2015-2018**  
**Patients on waitlist for 24 hours or greater as a percentage of number of clients waitlisted**



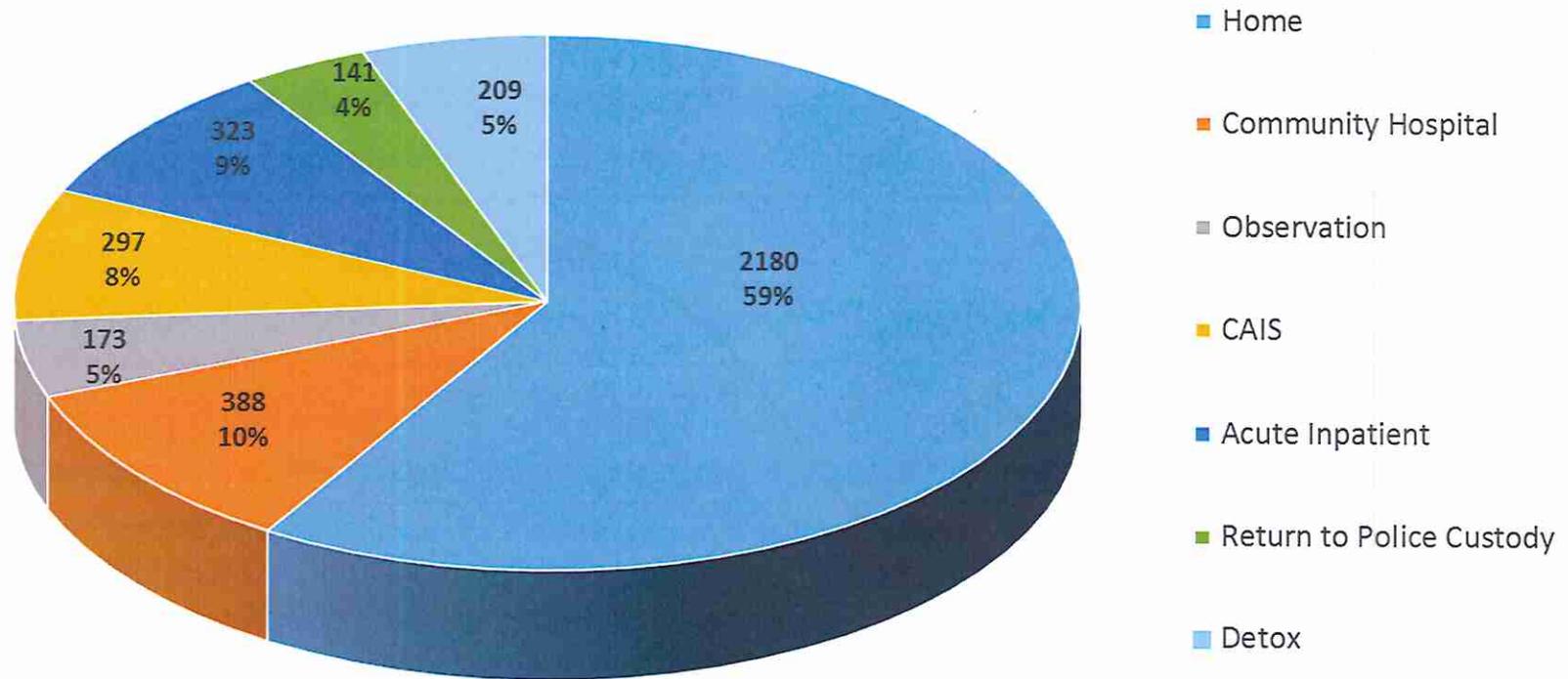
\*Percent = Number of Patients on waitlist for 24 hours or greater/Number of Clients Waitlisted

**Figure 13. 2015-2018**  
**Patients on waitlist for 24 hours or greater as a percentage of PCS Admission**



\*Percent = Number of Patients on waitlist for 24 hours or greater/PCS Admission

**Figure 14. 2018 Q2  
Disposition of all PCS admission**



## POLICY &amp; PROCEDURE STATUS REPORT -GOAL=95%

## Baseline 71.5% as of August 2016 LAB report

Review period	Number of Policies	Percentage of total
Reviewed within Scheduled Period	361	71.5%
Up to 1 year Overdue	32	6.3%
More than 1 year and up to 3 years overdue	20	4.0%
More than 3 years and up to 5 years overdue	31	6.1%
More than 5 years and up to 10 years overdue	18	3.6%
More than 10 years overdue	43	8.5%
<b>Total</b>	<b>505</b>	<b>100.0%</b>

Recently Approved Policies	New Policies	Reviewed/ Revised Policies	Retired Policies
March	13	28	3
April	5	8	1
May	5	20	0
June	2	7	3
July	4	18	0

## Overall Progress 96.1% as of August 1, 2018

Current				
Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	494	494	96.1%	96.1%
Up to 1 year Overdue	9	10	1.8%	1.9%
More than 1 year and up to 3 years overdue	5	5	1.0%	1.0%
More than 3 years and up to 5 years overdue	1	1	0.2%	0.2%
More than 5 years and up to 10 years overdue	0	0	0%	0%
More than 10 years overdue	5	4	1.0%	0.8%
<b>Total</b>	<b>514</b>	<b>514</b>	<b>100%</b>	<b>100%</b>

## Forecast Due for Review

## Past Due Policies - 20

## Coming Due Policies

August – 10  
 September – 1  
 October – 2  
 November – 5  
 December – 26

January – 5  
 February – 3  
 March – 6  
 April – 2  
 May – 5  
 June -11  
 July - 9